



**Results of the 1999
Los Angeles County Health Survey
for Residents of the San Fernando Valley
Service Planning Area (SPA 2) –
Part One: Main Adult Survey**

July 2001

**COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH
COMMUNITY HEALTH SERVICES
SAN FERNANDO VALLEY SERVICE PLANNING AREA (SPA 2)**

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Executive Summary

The 1999 - 2000 Los Angeles County Health Survey (LACHS) is the second in a series of biennial telephone surveys conducted by Field Research Corporation for the Los Angeles County Department of Health Services (DHS). The purpose of the survey is to examine health and health-related issues of adults and children in Los Angeles County. The LACHS is a population-based survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in Los Angeles County.

LACHS is a telephone survey using a random-digit dial (RDD) sampling methodology, which ensures that households with unlisted telephone numbers have as great a chance as households with listed telephone numbers to be included in the survey. It includes three components: the Main Adult Survey, the Parent Survey, and the Low Income Follow-Up Survey. The Main Adult Survey was conducted among a random sampling of 8,354 adults aged 18 years or older living in Los Angeles County. The Parent Survey was conducted among a representative sample of 6,016 Los Angeles County parents or primary caregivers of children under the age of 18 years. The Low Income Follow-Up Survey consisted of re-interviews with 1,898 respondents identified from the Main Adult Survey as having household incomes of less than 300% of the federal poverty level.

This report presents the results of the 1999 Main Adult Survey of the Los Angeles County Health Survey for residents of the San Fernando Valley Service Planning Area (SPA 2) of Los Angeles County, California. Highlights of the survey findings are presented below:

Demographic Characteristics

Whites constitute 57% of SPA 2 residents, and Latinos represent 28%. Asians/Pacific Islanders make up over 11% of the population, African Americans constitute about 4%, and American Indians and other racial/ethnic groups comprise less than 1% of the SPA population.

Approximately 18% of the adult population in the SPA have less than high school education, 24% are high school graduates, 28% attended some college or trade school, and 30% have received a college degree or postgraduate degree.

Eleven percent of SPA 2 residents have household incomes of less than 100% of the federal poverty level (FPL^{*}), 19% have household incomes from 100% to less than 200% of the FPL, 20% have household incomes from 200% to less than 300% of the FPL, and 49% have household incomes at 300% of the FPL or higher.

^{*} FPL = Federal Poverty Level. The federal poverty level for a family of four, with two adults and two dependent children, was \$16,895 during the year 1999.

About 32% of the population in SPA 2 have been living in the United States for fewer than ten years while 68% have been living in the U.S. for 10 years or longer.

Access to Health Care

Health Insurance

Approximately 72% of SPA 2 residents 18 to 64 years of age have health insurance coverage, while 28% do not have any health insurance. The 28% percent of the uninsured population reported in 1999 shows a decline from the 1997 survey where 29% of the SPA population reported not having health insurance.

The proportion of the uninsured residents 18 to 64 years of age varies among racial/ethnic groups, with 46% of Latinos, 23% of Asians/Pacific Islanders, 16% of Whites, and 12% of African Americans lacking health insurance.

The proportion of uninsured adults 18 to 64 years of age is highest among SPA 2 residents who live below the federal poverty level (FPL), with 66%. The proportion of the uninsured is 44% among those residents who are living at least 100% and less than 200% of the FPL, 27% among residents at least 200% and less than 300% of the FPL, and 13% among those at or above 300% of the FPL.

Forty-three percent of SPA 2 residents report not having dental insurance.

Regular Source of Health Care

Nineteen percent of the SPA residents 18 to 64 years of age report they do not have a regular health care provider. The 19% reporting not having a regular health care provider shows a decline from the 1997 survey which showed that 24% of the SPA population did not have a regular health care provider.

The percentage of persons without a regular provider in SPA 2 is 49% among residents with no health insurance, 15% among those covered by Medi-Cal, and 12% among persons with private health insurance.

Other Barriers to Health Care

Approximately 26% of SPA 2 residents 18 to 64 years of age report that it is very difficult or somewhat difficult to obtain needed medical care. This percentage shows a decline from the 1997 survey where 36% of the SPA population reported that it was very difficult or somewhat difficult to obtain needed medical care.

The proportion of residents reporting that it is very difficult or somewhat difficult to obtain needed medical care is highest among Latinos (42%), followed by African Americans (27%), Asians/Pacific Islanders (25%), and Whites (18%).

Thirteen percent of SPA 2 residents 18 to 64 years of age report that they needed to see a doctor for a health problem during the past 12 months but did not do so because of the cost of medical care.

Eleven percent of all adults in SPA 2 report that they needed prescription medicine during the past 12 months but did not get it because they could not afford it.

Twenty-two percent of all adults report that they could not receive dental care during the past 12 months because they could not afford it.

Twelve percent of all adults report that they needed eyeglasses during the past 12 months but could not buy them for financial limitations.

Eight percent of all adults report that they could not receive mental health services during the past 12 months because they could not pay for it.

Use of Preventive Services

Seventy-seven percent of SPA 2 women, 18 years and older, report having received a Pap smear test during the past years.

The proportion of women having a Pap smear test within the past two years varies among racial/ethnic groups with the highest percentage among African Americans at 86%, Whites at 80%, Latinas at 73%, and Asians/Pacific Islanders at 71%.

Seventy-seven percent of SPA 2 women 18 years and older had received a breast exam by a physician, nurse, or other health professional, during the past two years.

Eighty-one percent of women aged 50 years and older in SPA 2 report having received a mammogram during the past two years.

Eighty-nine percent of women with private health insurance received the mammogram test, while 59% of women with no health insurance received the test during the past two years.

Health Risks and Health Behaviors

Tobacco Use

One in five (20%) of the SPA 2 adult population uses tobacco. Eighteen percent smoke cigarettes, while 2% use tobacco in other forms such as cigars, smokeless tobacco, and pipes.

Sixty-four percent of smokers in SPA 2 are males, while 36% are females.

Whites have the highest percentage of smokers with 23%. They are followed by African Americans with 21%, Latinos and Asians/Pacific Islanders with 15% in each group.

Seventeen percent of the smokers report that their general health is fair or poor, while 15% of non-smokers report that their health is fair or poor.

Alcohol Use

Drinkers were classified as binge drinkers if they have had five or more drinks on one occasion during the past month. Of SPA 2 residents who currently consume alcohol, 16% are binge drinkers.

Thirteen percent of White drinkers and 21% of Latino drinkers are binge drinkers.

Thirty-six percent of binge drinkers in SPA 2 are less than 30 years of age, 52% are 30 to 49, 12% are 50 years or older.

Persons who reported consuming 60 or more drinks during the past month are classified as chronic drinkers. Six percent of drinkers in SPA 2 were identified as chronic drinkers.

Chronic drinkers in SPA 2 constitute slightly over 9% of the men and over 1% of the women who drink.

Five percent of White drinkers and 7% of Latino drinkers are classified as chronic drinkers.

Among adults who drink alcohol, approximately 4% report driving after having had too much to drink.

Twelve percent report experiencing harmful effects of alcohol use on themselves or on a family member during the past two years.

Nine percent report experiencing harmful effects of drug use on themselves or on a family member during the past two years.

Gambling

Forty-seven percent of adults living in SPA 2 report that they have spent money gambling during the past year.

Of the males who gambled during the past year, 16% report spending \$500 or more on gambling activities over the past year.

Of the females who gambled during the past year, 6% report spending \$500 or more on gambling activities over the past year.

Of those residents who report gambling during the past year, about 13% of Whites, 7% of Latinos, and 13% of Asians/Pacific Islanders report spending \$500 or more on gambling activities over the past year.

Sexual Behavior and Testing for HIV

Of the men aged 18 to 64 years in SPA 2, over 3% describe themselves as gay males, 4% identify themselves as bisexual males, and 93% describe themselves as heterosexual males.

Of the women aged 18 to 64 years, about 2% describe themselves as lesbian females, approximately 2% identify themselves as bisexual females, and slightly over 96% describe themselves as heterosexual females.

Twenty percent of males aged 18 to 64 years report having had two or more sexual partners during the past twelve months. This percentage is 8% among females in this age group.

Among males with one or more sex partners during the past 12 months, 20% report using condoms all of the time, 20% report using condoms most of the time or some of the time, and 60% report using condoms rarely or never.

Among females with one or more sex partners during the past 12 months, 13% report using condoms all of the time, 16% report using condoms most of the time or some of the time, and 71% report using condoms rarely or never.

Thirty-four percent of adults less than 65 years of age report that they received an HIV test during the past two years. This includes 35% of the men and 32% of the women in SPA 2.

High school graduates and persons who have some college or trade school education include a higher percentage of persons reporting taking the HIV test during the past two years (35% in each group) than others who have less than high school education and those with college degrees or more education (32% in each group).

Nutrition, Weight, and Physical Activity

SPA 2 residents eat an average of 2.5 servings of fruits and vegetables per day. Males eat an average of 2.2 servings of fruits and vegetables per day, while females eat an average of 2.7 servings of fruits and vegetables per day.

About half of the adult population in SPA 2 are overweight (49%). This includes 59% of the men and 37% of the women.

SPA 2 residents with less than high school education include the highest percentage of overweight persons with 56%. They are followed by high school graduates with 51%, those who attended some college or trade school with 49%, and those who received a college degree or higher with 43%.

Sixty-five percent of the overweight population in SPA 2 perceive themselves as overweight. The remaining 35% see themselves as about average.

Fifty-seven percent of adults in SPA 2 report that they engage in vigorous physical activities for at least 10 minutes during a usual week.

Among adults who engage in vigorous physical activity, 79% engage in vigorous physical activity for at least three days per week and 40% engage in vigorous physical activity for at least five days per week.

On an average day spent exercising vigorously, 53% of adults in SPA 2 spend at least 60 minutes doing these activities. This includes 58% of males and 46% of females.

Neighborhood Safety and Use of Firearms

Fourteen percent of SPA 2 residents consider their neighborhood as somewhat unsafe or not at all safe.

Approximately 8% of SPA residents report ever having been fired at by someone with a firearm or gun.

Eighteen percent of the SPA 2 population report keeping firearms in or around the house.

Among those who have firearms in the home, about 33% indicate that they keep them loaded all the time or some of the time, while 66% indicate that firearms are locked in a box or cabinet all the time or some of the time.

Health Outcomes

Self-Perceived Health Status

Fifteen percent of adults in SPA 2 report their health as fair or poor.

Latinos in SPA 2 have the highest percentage of persons reporting their health as fair or poor with 28%. They are followed by Whites with 11%, Asians/Pacific Islanders with 8%, and African Americans with 7% reporting their health as fair or poor.

Twenty-three percent of SPA 2 residents who report their health as fair or poor have not seen a health care provider during the past year.

Residents with household incomes less than 100% of the federal poverty level (PFL) include the highest percentage of persons who report feeling depressed most of the time or all the time with 17%. They are followed by those from 100% to below 200% with 12%, residents from 200% to below 300% with 8%, and those with household incomes at least 300% of the FPL or higher with 3%.

Chronic Diseases and Conditions

Nineteen percent of SPA 2 residents have been diagnosed with high blood pressure.

The prevalence of high blood pressure varies among racial/ethnic groups with the highest percentage among African Americans with 28%. They are followed by Whites with 21%, Asians/Pacific Islanders with 17%, and Latinos with 14%.

Of the persons diagnosed with high blood pressure, 67% report taking medication and 33% do not use any medication for their high blood pressure.

Eighteen percent of the respondents report being diagnosed with high cholesterol.

Twenty-three percent of persons diagnosed with high blood cholesterol are less than 40 years old, 51% are 40 to 64 years of age, and 26% are 65 years or older.

Seventy-two percent of SPA 2 residents had received a cholesterol test within the past three years, 12% had the test more than three years ago, and 16% never had a blood cholesterol test.

Latino residents report the lowest proportion of persons receiving a blood cholesterol test within the past three years with 64%. This percentage was 70% among African Americans, 75% among Whites, and 78% among Asians/Pacific Islanders.

Seven percent of SPA 2 residents report having been diagnosed with heart disease, with equal percentages among men and women (7%).

Approximately 22% of persons diagnosed with heart disease are less than 40 years of age, 25% are 40 to 59 years old, and 53% are 65 years or older.

Approximately 6% of SPA 2 adult population report having been diagnosed with diabetes.

The prevalence of diabetes is 9% among persons with household incomes less than 100% of the federal poverty level (FPL), 7% among those with household income at 100% and less than 200% of the FPL, and 5% among residents with household incomes at 200% of the FPL or higher.

Seventy-seven percent of residents diagnosed with diabetes report being treated by a physician for the condition, while 23% are not under medical care.

Sixty-six percent of diabetic patients with no health insurance are under a doctor's care, while 78% of those with private health insurance are under medical care.

Seventy-three percent of diabetic patients in SPA 2 are taking insulin.

Slightly over 9% of SPA 2 adult residents report having been diagnosed with asthma.

The percentage of persons diagnosed with asthma varies among racial/ethnic groups with 16% among African Americans, 10% among Whites, 8% among Asians/Pacific Islanders, and 7% among Latinos.

Forty-five percent of persons diagnosed with asthma report experiencing an asthma episode during the past year, and 28% had an emergency hospital visit during the past year.

Approximately 15% of the adult population in SPA 2 report having been diagnosed with arthritis.

The prevalence of arthritis is higher among women than among men, with 20% and 12%, respectively.

The prevalence of arthritis is highest among whites at 20%, followed by Latinos at 11%, Asians/Pacific Islanders at 7%, and African American at 5%.

About 10% of SPA 2 adult residents report being diagnosed with a depressive disorder, with 8% among men and 12% among women.

Eleven percent of residents with household incomes less than 100% of the federal poverty level (FPL) report having been diagnosed with a depressive disorder. They are followed by 10% among those with household incomes from 100% to less than 200% of the FPL, and 9% among residents with household incomes 200% of the FPL or higher.

Forty-five percent of persons diagnosed with a depressive behavior are taking medications for depression and 50% are under doctor's care for depression.

Senior Adults

Twelve percent of seniors in SPA 2 report using senior centers for services, 2% have meals delivered to them by an organization, 6% use special transportation for the elderly, and 7% receive assistance at home by a health care professional during the past 12 months.

Approximately 59% report having received a pneumonia shot.

Seventy-four percent report receiving a flu shot during the past 12 months.

Almost 67% report using prescription medication during the past month.

Twenty-one percent report having one or more falls during the past year. Of these, one quarter (25%) received medical care for their falls.

Use and Perception of County Services

Approximately 10% of SPA 2 residents received services from a DHS hospital or clinic during the past year. Of these, 50% had no health insurance, 25% had private health insurance, 18% were Medi-Cal recipients, and 7% were covered by Medicare.

Of SPA 2 residents who received DHS services during the past year, 31% mentioned going to a DHS facility to get a shot, 33% mentioned going for emergency services, 20% mentioned obtaining treatment for infection, and 44% mentioned receiving medical services from a County Specialist. Persons may be included in more than one category.

Ten percent of the respondents answered a question about their perceptions of DHS services. Of these, 85% rate DHS food safety programs as very effective or somewhat effective, 81% rate infectious disease programs as very effective or somewhat effective, and 88% rate the operation of facilities as very effective or somewhat effective.

I. Introduction

Health, as a concept, is more than physical health status alone. [1] The World Health Organization (WHO) described *health* in 1948, in the preamble to its constitution, as “A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.” [2] In 1984, the WHO Health Promotion initiative led to expansion of the original WHO description, which can be abbreviated to: “The extent to which an individual or a group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources as well as physical capabilities.” [3]

In 1997, the Los Angeles County Department of Health Services (DHS) began conducting biennial Los Angeles County Health Surveys (LACHS). The purpose of the surveys is to examine health and health-related issues for adults and children in the County. The results of the first survey were published in a report dated December 1999 by the DHS Office of Health Assessment and Epidemiology. [4] The second survey was conducted during September 1999 through April 2000. The 1999 survey was commissioned by the Los Angeles County Department of Health Services and conducted by Field Research Corporation, a leading independent survey research organization based in California, with support from the California Department of Health Services and the Los Angeles County Department of Public Social Services (DPSS).

The LACHS is a biennial population-based telephone survey of Los Angeles County residents. The survey collects information on a broad range of health topics to better understand the patterns of health and disease in the population and to more effectively target resources that will improve health. LACHS collects information on demographic characteristics, barriers to health care, health status, health risk behaviors, use of preventive health services, and access to and utilization of health services among Los Angeles County residents.

The LACHS uses a “random-digit-dial” technique to identify a sample of over 8,000 adults aged 18 years or over, 6,000 parents of children aged 0 to 17 years, and over 2,000 low-income persons (persons whose annual incomes are below 300% of the federal poverty level). Random-digit dialing ensures that households with unlisted telephone numbers have as great a chance as households with listed telephone numbers to be included in the survey. The survey is representative of the population of Los Angeles County and smaller geographic areas, including the County’s eight Service Planning Areas (SPAs) and twenty-four Health Districts. [†]

[†] The County of Los Angeles is divided into twenty-six Health Districts. Of these, twenty-four Health Districts are under the jurisdiction of the Los Angeles County Department of Health Services. The Pasadena Health District is under the jurisdiction of the City of Pasadena Public Health Department, while the Long Beach Health District is under the jurisdiction of the City of Long Beach Health Department.

For the 1999 Main Adult Survey, 8,354 adults aged 18 years or older living in Los Angeles County were interviewed. The survey was conducted in six languages: English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese. Interviewing for the Main Adult Survey was conducted from September 17 to December 31, 1999. The response rate was 55%. To adjust for differential rates of participation, results were weighted by selected demographic variables using 1998 census projections for the Los Angeles County population.

The LACHS was coordinated by the Office of Health Assessment and Epidemiology (OHAE) in the Division of Public Health (PH) of the Department of Health Services (DHS). Besides preparing reports on various subjects addressed by the survey, the OHAE staff developed guidelines for analyzing the survey data, which were employed by the SPA 2 staff members when they were analyzing the survey data for SPA 2 residents.

This report presents the results of the 1999 Main Adult Survey for residents of the San Fernando Valley Service Planning Area (SPA 2), where 1,707 adult residents completed interviews. The results of the weighted data are included in this report.

II. Demographic Characteristics

Numerous epidemiological studies have demonstrated a clear relationship between the health status of a population and characteristics such as race, ethnicity, and socioeconomic status. In addition, various California-based studies have documented the fact that lower socioeconomic status is associated with a higher morbidity and mortality for most common diseases and risk factors [5].

The 1999 survey asked the respondents about demographic characteristics such as gender, age, race and ethnicity, marital status, highest education level attained, household income, employment status, country of birth, and citizenship status. These are all factors that may influence the health status, the access to health care, and the health behaviors of the population of SPA 2.

SPA 2 residents are equally divided between males and females (50% in each group). Approximately 21% of the adult residents are 18 to 29 years of age, 48% are 30 to 49, 17% are 50 to 64, and about 14% are 65 years or older. Whites constitute 57% of the residents, and Latinos represent 28%. Asians/Pacific Islanders make up over 11% of the population, African Americans constitute about 4%, and American Indians and other racial/ethnic groups comprise less than 1% of the SPA population. Slightly over half of SPA 2 residents (51%) are married or living together, 27% are singles who never married, and about 22% are either widowed, divorced, or separated.

Table 1. Demographic Characteristics of the Adult Residents in SPA 2, 1999

Demographic Variable	Percent		Demographic Variable	Percent
Gender			Household income level	
Male	50.0		Less than 100% of federal poverty level (FPL)	11.4
Female	50.0		100% of FPL to <200% FPL	18.9
Total	100.0		200% FPL to <300 FPL	20.4
			300% of FPL or higher	49.3
Age Group			Total	100.0
18 to 29 years	20.8		Employment status	
30 to 49 years	48.2		Employed	67.1
50 to 64 years	17.1		Unemployed	3.1
65 years or older	14.0		Not in the labor force or special situation	29.8
Total	100.0		Total	100.0
Race/Ethnicity			Place of birth	
White, Non-Hispanic	56.7		Born in the U.S.	70.6
Latino	27.9		Not born in the U.S.	29.4
Asian or Pacific Islander	11.6		Total	100.0
African American	3.7			
American Indian or Other	0.2		Length of time lived in the U.S.	
Total	100.0		Less than ten years	31.6
Marital Status			Ten years or longer	68.4
Married	45.8		Total	100.0
Not married, but living together	5.5		Citizenship status	
Single, never married	27.1		United States citizen	81.3
Widowed, divorced, or separated	21.5		Not U.S. citizen	18.7
Total	100.0		Total	100.0
Education level attained				
Less than high school	17.9			
High school graduate	24.0			
Some college or trade school	28.2			
College degree or postgraduate degree	29.9			
Total	100.0			

Approximately 18% of the adult population have less than high school education, 24% are high school graduates, 28% attended some college or trade school, and 30% have received a college degree or postgraduate degree. Eleven percent of SPA 2 residents have household incomes of less than 100% of the federal poverty level (FPL[‡]), 19% have household incomes from 100% to less than 200% of the FPL, 20% have household incomes from 200% to less than 300% of the FPL, and 49% have household incomes at 300% of the FPL or higher.

Slightly over 67% of SPA 2 adult residents are employed, 3% are not employed, and 30% are not in the labor force or are in a special situation. Approximately 71% of the SPA population were born in the United States, and 29% were born in other countries. About 32% of the population in SPA 2 have been living in the United States for fewer than ten years while 68% have been living in the U.S. for 10 years or longer. Slightly over 81% of the population are U. S. citizens and 18% do not possess United States citizenship (Table 1).

III. Access to Health Care

The Institute of Medicine defines access to health care as “the timely use of personal health services to achieve the best possible outcomes.” [6] The literature is replete with studies showing problems with healthcare access, differences across socioeconomic groups, and health consequences. [6]

Many health care professional have the conviction that disparities in access to health care across socioeconomic groups are the key reason for the major discrepancies in health status between wealthy persons and poor persons [7].

Health Insurance

Research studies have documented the adverse effect of the lack of health insurance on health outcomes and quality of care [7]. SPA 2 residents were asked whether they have health insurance and what type of coverage they have. Survey results show that approximately 72% of SPA 2 residents 18 to 64 years of age have health insurance coverage, while 28% do not have any health insurance (an estimated 351,000 SPA residents). [§] The 28% percent of the uninsured population reported in 1999 shows a decline from the 1997 survey where 29% of the SPA population reported not having health insurance (an estimated 379,000 SPA residents). This percentage is also less than the 31% of the County population who report not having health insurance. Of the 72% of the SPA residents 18 to 64

[‡] FPL = Federal Poverty Level. The federal poverty level for a family of four, with two adults and two dependent children, was \$16,895 during the year 1999.

[§] Estimates of the population were developed by the Office of Health Assessment and Epidemiology (OHAE), Los Angeles County Department of Health Services.

years of age who have health insurance, 66% have private health insurance and 6% are covered by Medi-Cal.

The proportion of the uninsured residents 18 to 64 years of age varies among racial/ethnic groups, with 46% of Latinos, 23% of Asians/Pacific Islanders, 16% of Whites, and 12% of African Americans lacking health insurance (Figure 1). The proportion of uninsured adults 18 to 64 years of age is also highest among SPA 2 residents who live below the federal poverty level (FPL), with 66%. The proportion of the uninsured is 44% among those residents who are living at least 100% and less than 200% of the FPL, 27% among residents at least 200% and less than 300% of the FPL, and 13% among those at or above 300% of the FPL.

Residents were asked if they have dental insurance. The survey results show that 43% of SPA 2 residents report not having dental insurance. The percentage of the population reporting not having dental insurance is 57% of Latinos, 37% of Whites as well as of Asians/Pacific Islanders, and 23%* of African Americans.

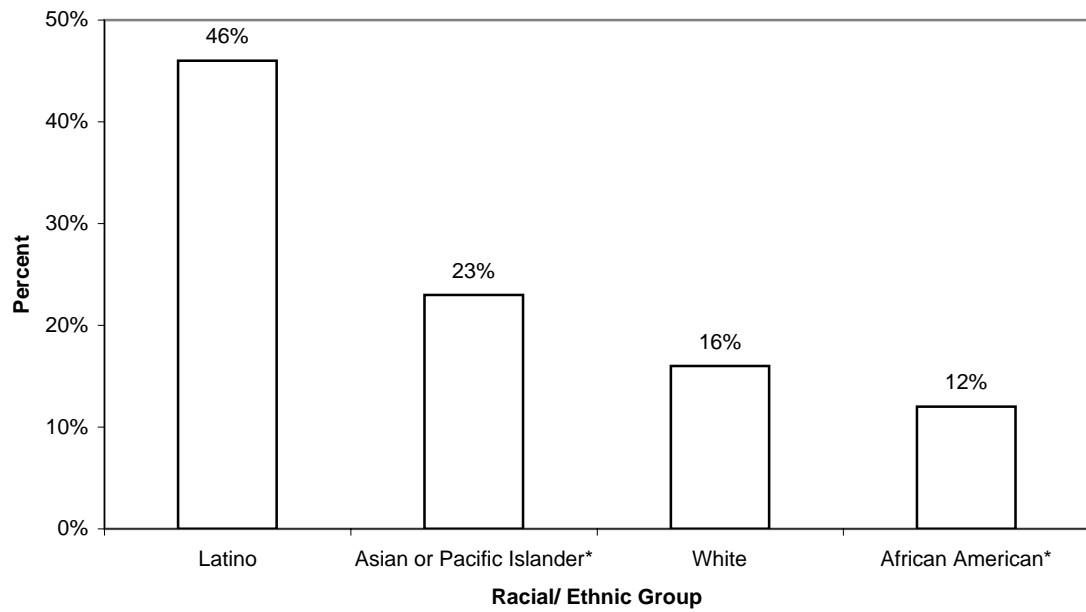
Regular Source of Health Care

SPA 2 residents were asked if they have a regular health care provider and what constitute a hindrance to having a regular health care provider. Nineteen percent of the SPA residents 18 to 64 years of age report that they do not have a regular health care provider (an estimated 243,000 SPA residents). The 19% of the SPA population reporting not having a regular health care provider shows a decline from the 1997 survey which showed that 24% of the population did not have a regular health care provider (an estimated 311,000 SPA residents). The percentage is also less than the 21% of the County population who report not having a regular health care provider. The percentage of persons without a regular provider in SPA 2 is 49% among residents with no health insurance, 15% among those covered by Medi-Cal, and 12% among persons with private health insurance (Figure 2).

Among residents 18 to 64 years of age who do not have a regular health care provider, 40% state that they do not know of a doctor who would provide them with medical care, 28% indicate that the old doctor is not available any more, 24% report transportation problems as a hindrance, 54% state language problems, and 64% report that the doctor is too expensive. These numbers do not add up to 100%; respondents may have mentioned more than one reason for not having a regular health care provider.

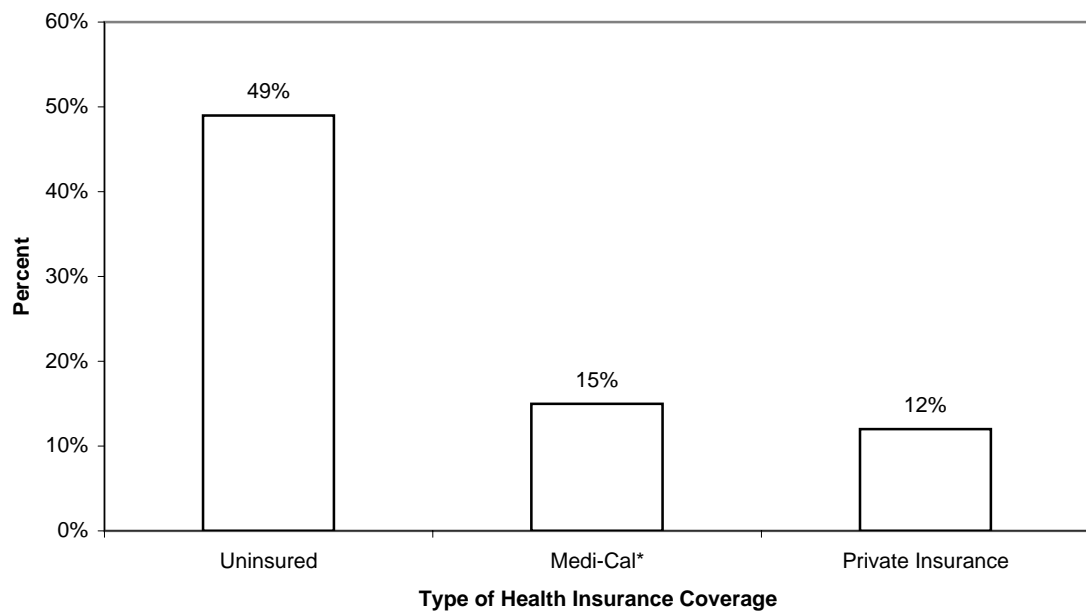
* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

**Figure 1. The Percentage of Adult Residents Without Health Insurance
by Race/ Ethnicity, Age 18 to 64 Years, SPA 2, 1999**



* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

**Figure 2. The Percentage of Adult Residents With No Regular Health Care Provider
by Type of Health Insurance Coverage, Age 18 to 64 Years, SPA 2, 1999**



* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Other Barriers to Health Care

The survey addressed other barriers to obtaining health care. Residents were asked if they have difficulty getting health care when they need it, whether they have not seen a doctor for an illness or a health problem in the past year because they could not afford it, and whether they have not obtained medicine because they could not afford it.

Approximately 26% of SPA 2 residents 18 to 64 years of age report that it is very difficult or somewhat difficult to obtain needed medical care (an estimated 371,000 residents). This percentage shows a decline from the 1997 survey where 36% of the SPA population reported that it was very difficult or somewhat difficult to obtain needed medical care (an estimated 406,000 residents). The percentage is also lower than the 27% of the County population reporting that it is very difficult or somewhat difficult to obtain needed medical care. The percentage in SPA 2 reporting that it is very difficult or somewhat difficult to obtain needed medical care is highest among the uninsured with 57%, followed by 24% among those covered by Medi-Cal, and 17% among persons with private health insurance. The proportion of residents reporting that it is very difficult or somewhat difficult to obtain needed medical care is also highest among Latinos (42%), followed by African Americans (27%*), Asians/Pacific Islanders (25%*), and Whites (18%).

Thirteen percent of SPA 2 residents 18 to 64 years of age report that they needed to see a doctor for a health problem during the past 12 months but did not do so because of the cost of medical care. Thirty-three percent of residents with no health insurance report that they could not see a doctor because they could not afford it, compared to 13% of those on Medi-Cal, and 5% of those with private insurance (Figure 3).

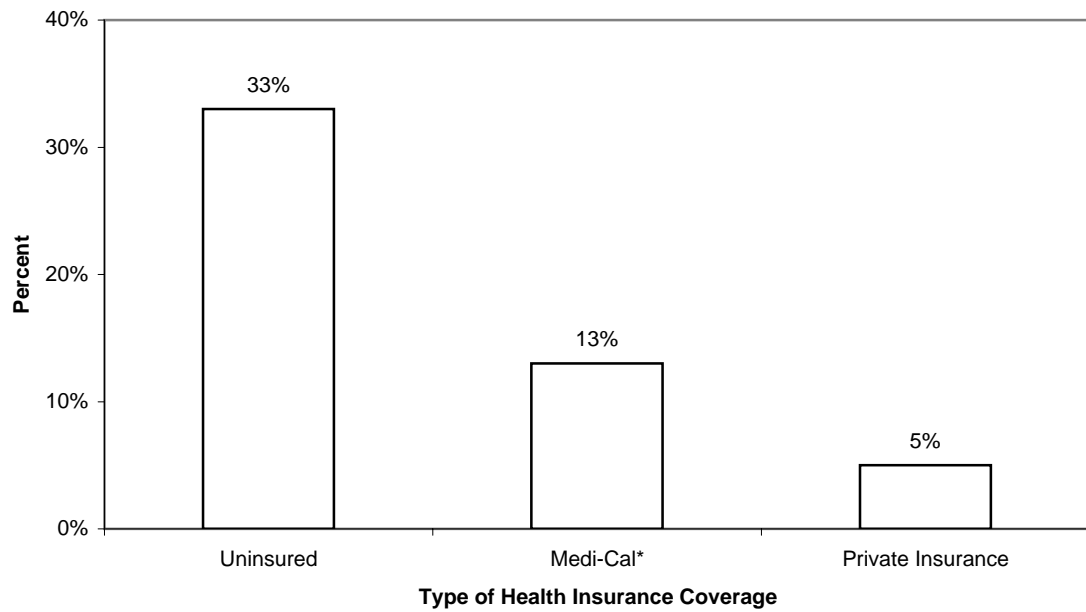
Eleven percent of all adults in SPA 2 report that they needed prescription medicine during the past 12 months but did not get it because they could not afford it. Twenty-two percent of all adults report that they could not receive dental care during the past 12 months because they could not afford it. Twelve percent report that they needed eyeglasses during the past 12 months but could not buy them for financial limitations, and 8% could not receive mental health services because they could not pay for it (Figure 4).

Use of Preventive Services

The survey included questions regarding the use of preventive medical services. Seventy-seven percent of SPA 2 women, 18 years and older, report having received a Pap smear test during the past two years. The percentage that

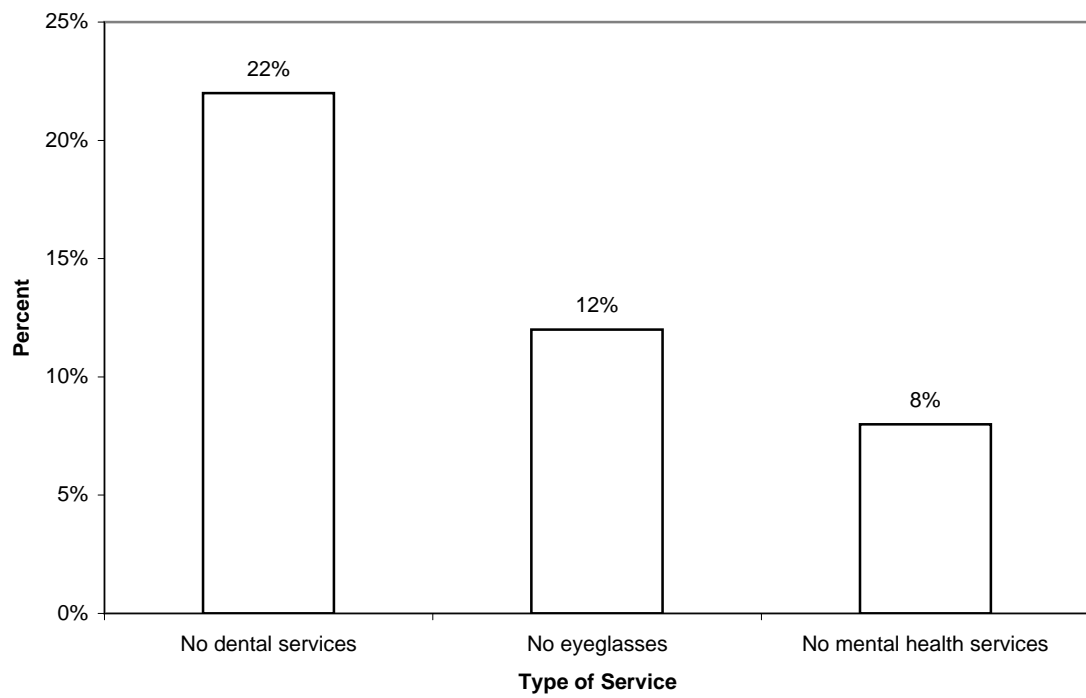
* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

**Figure 3. The Percentage of Adults Who Could Not See a Doctor for Lack of Money
by Type of Health Insurance Coverage, SPA 2, 1999**



* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Figure 4. The Percentage of Adult Residents Who Could Not Get Health Services, for Lack of Money, by Type of Service, SPA 2, 1999



had received a Pap smear was highest among those with private health insurance at 86%, followed by Medi-Cal recipients at 71%, those covered by Medicare at 70%, and lowest among women with no health insurance at 62% (Figure 5). The proportion of women having a Pap smear test within the past two years varies among racial/ethnic groups with the highest percentage among African Americans at 86%*, Whites at 80%, Latinas at 73%, and Asians/Pacific Islanders at 71%.

Seventy-seven percent of SPA 2 women 18 years and older had received a breast exam by a physician, nurse, or other health professional, during the past two years. The percentage of women who had received a breast exam during the past two years was highest among those covered by private insurance or by Medicare (86%), intermediate among those covered by Medi-Cal (69%), and lowest among those with no health insurance (56%). White women had the highest percentage of those receiving a breast exam during the past two years with 82%. They were followed by African Americans with 80%, Asian/Pacific Islanders with 72%, and Latinas with 69% (Figure 6).

Eighty-one percent of women aged 50 years and older in SPA 2 report having received a mammogram during the past two years, with the highest percentage among women with private health insurance (89%). They are followed by those covered by Medicare (82%), by Medi-Cal (76%*), and by those with no health insurance (59%*). Eighty-one percent of White women aged 50 years and older in SPA 2 report having received a mammogram during the past two years, while 71%* of Latinas report having received a mammogram during the past two years.

IV. Health Risks and Health Behaviors

Tobacco Use

Research suggests that tobacco consumption among adults is declining. Despite this downward trend, smoking remains the number one cause of preventable mortality in the population [8, 9].

The economic costs of cigarette smoking to society, taken as a whole, run to some \$41 billion a year. Cigarette smoking is a health-threatening activity. Consequences of smoking include changes in heart rate, blood pressure, and carbon monoxide concentration in the blood as well as respiratory symptoms [10]. Cigarette smoking is linked to lung cancer, emphysema, and heart disease [11]. Smokeless tobacco, including snuff and chewing tobacco, can cause various cancers and periodontal diseases [12]. Therefore, the incidence of smoking remains an important social and health concern [13].

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

**Figure 5. The Percentage of Women Who Received Pap Smears
by Type of Health Insurance, Adults Aged 18 to 64 Years, SPA 2, 1999**

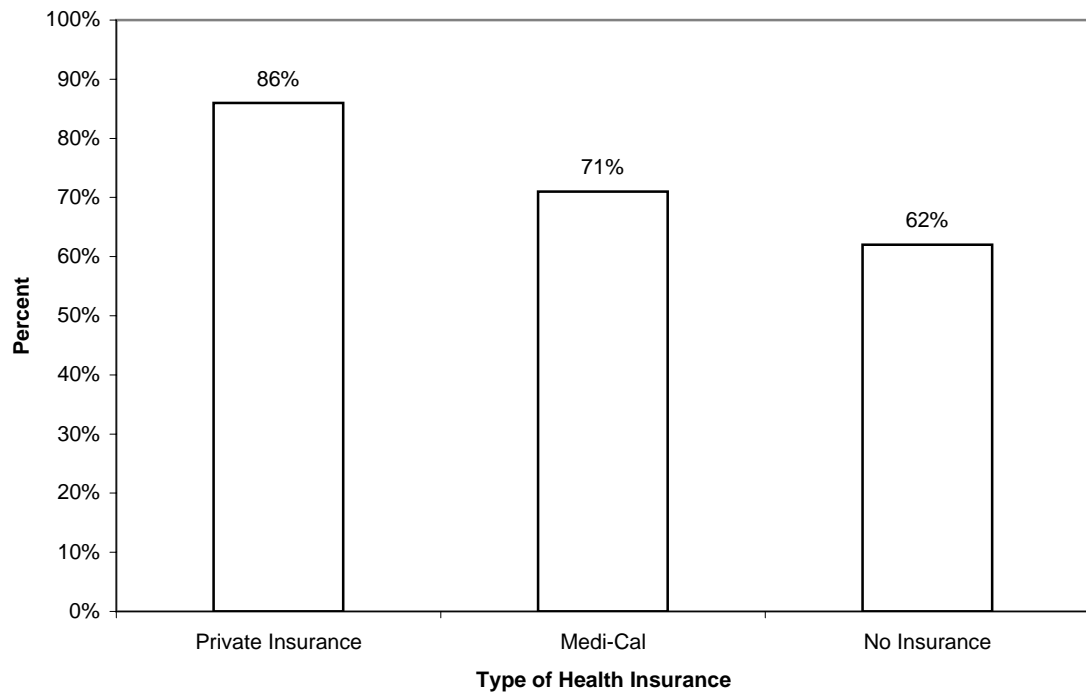
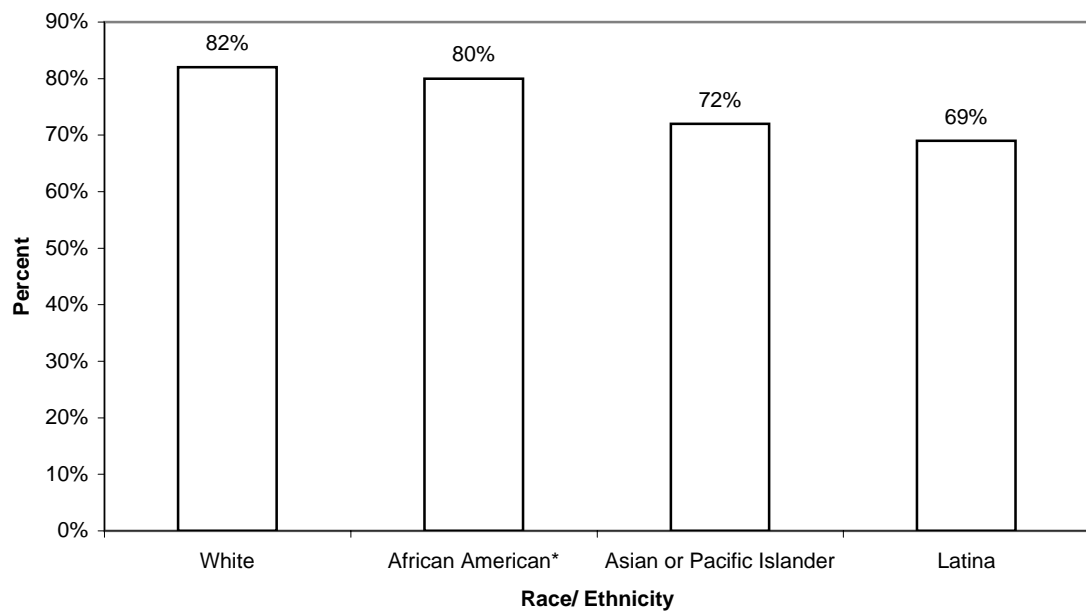


Figure 6. The Percentage of Women Who Received Clinical Breast Examinations by Race/ Ethnicity, Adults Aged 18 to 64 Years, SPA 2, 1999



* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Survey questions regarding smoking show that one in five (20%) of the SPA 2 adult population uses tobacco. In SPA 2, 18% smoke cigarettes (an estimated number of 267,000), while 2% use tobacco in other forms such as cigars, smokeless tobacco, and pipes (an estimated number of 24,000). Smokers in the County also constitute 20% of the population. Sixty-four percent of smokers in SPA 2 are males, while 36% are females. Twenty-one percent of smokers are less than 30 years of age, 51% are 30 to 49, 22% are 50 to 64, and 6% are 65 years or older (Figure 7).

Tobacco use varies among racial/ethnic groups. Whites have the highest percentage of smokers with 23%. They are followed by African Americans with 21%, Latinos and Asians/Pacific Islanders with 15% in each group (Figure 8). The number of cigarettes smoked per day varies by race/ethnicity. Forty-six percent of White smokers smoke one pack or more per day, while 16%* of Latino smokers smoke one pack or more per day.

Seventeen percent of the smokers report that their general health is fair or poor, while 15% of non-smokers report that their health is fair or poor. Among adults who smoke in SPA 2, 48% discussed quitting smoking with their doctor. About half (49%) tried to quit smoking during the past year. Those current smokers who tried to quit smoking during the past year and those former smokers who last smoked cigarettes regularly less than one year ago were asked which stop-smoking aids they used to help them quit. Thirty-two percent of those who tried to quit during the past year used nicotine aids (nicotine patch, nicotine gum, or nicotine inhaler), 21%* used self-help materials, 16%* employed anti-depressant aids, and 5%* used one-on-one counseling. The percentages do not add up to 100%; persons may be included in more than one category.

Alcohol Use

It is generally accepted that the regular consumption of alcoholic beverages for years is toxic to almost every tissue in the body. Risk curves for alcohol consumption are commonly presented on alcohol's involvement in chronic morbidity and mortality, and for alcohol's involvement in casualties, particularly traffic casualties [14]. Alcohol is also associated with crime and violent behavior, and with sexual risk taking [15].

Among the adult residents of the SPA, 58% report that they had had at least one alcoholic drink during the past month. One drink is considered to be one can or bottle of beer, one glass of wine, one cocktail, or one shot of liquor. The survey attempted to get information about binge drinking among the adult population. Drinkers were classified as binge drinkers if they have had five or more drinks on one occasion during the past month.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

**Figure 7. Age Distribution of Smokers in Percent,
Adults Aged 18 Years or Over, SPA 2, 1999**

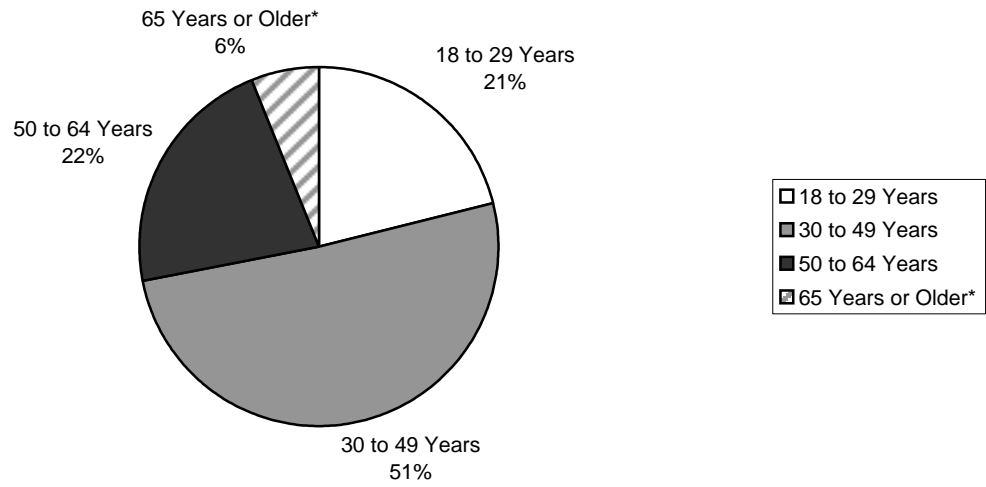
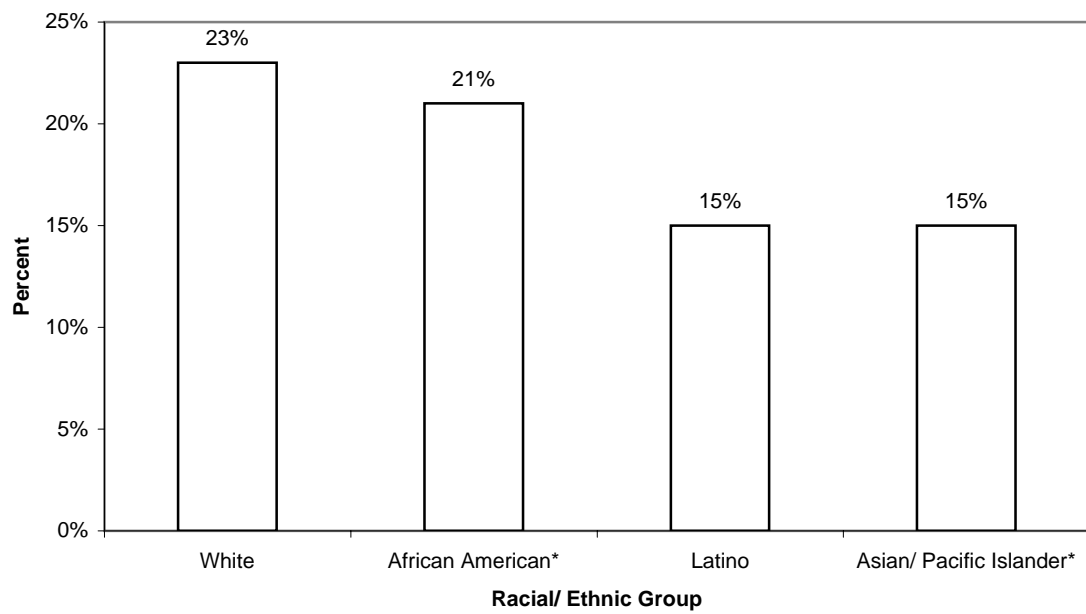


Figure 8. The Percentage of Residents Who Smoke in Each Racial/ Ethnic Group, Adults Aged 18 Years or Over, SPA 2, 1999



* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Of the residents who currently consume alcohol in SPA 2, approximately 16% are binge drinkers (an estimated number of 132,000). Binge drinkers also constitute 16% of drinkers in the County. Binge drinking in SPA 2 is more prevalent among men than among women, with 23% and 6%, respectively. Among White drinkers, 13% are binge drinkers. Among Latino drinkers, 21% are binge drinkers. Thirty-six percent of binge drinkers in SPA 2 are less than 30 years of age, 52% are 30 to 49, and 12% are 50 years or older (Figure 9).

The survey included questions on chronic drinking. Persons who reported consuming 60 or more drinks during the past month are classified as chronic drinkers. Six percent of drinkers in SPA 2 were identified as chronic drinkers (an estimated number of 50,000). Among drinkers in the County, 6% were classified as chronic drinkers. Chronic drinkers in SPA 2 constitute slightly over 9% of the men and over 1%* of the women who drink. Thirty-three percent of chronic drinkers in the SPA are less than 30 years of age, 46% are 30 to 49, and 21% are 50 years or older (Figure 10). Five percent* of White drinkers and 7%* of Latino drinkers are classified as chronic drinkers.

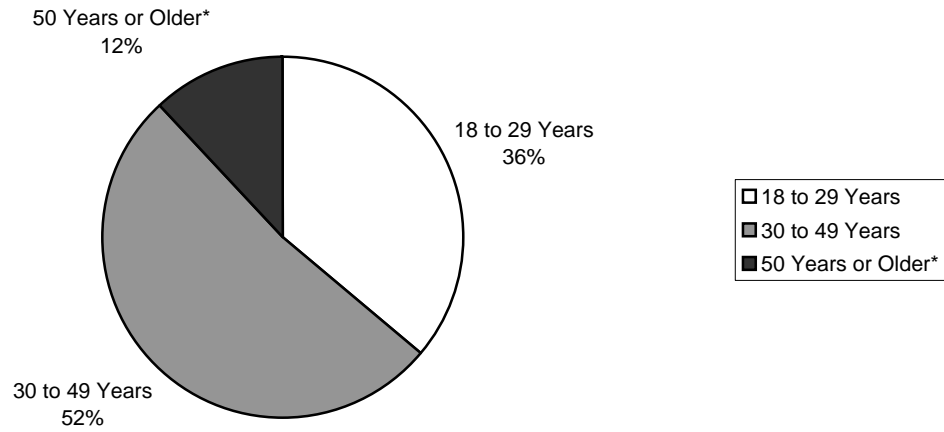
Among adults who drink alcohol, approximately 4% report driving after having had too much to drink. Four percent of SPA residents report riding with someone else driving who had too much to drink. Twelve percent report experiencing harmful effects of alcohol use on themselves or on a family member during the past two years (an estimated number of 177,000). Nine percent report experiencing harmful effects of drug use on themselves or on a family member during the past two years (an estimated number of 136,000).

Gambling

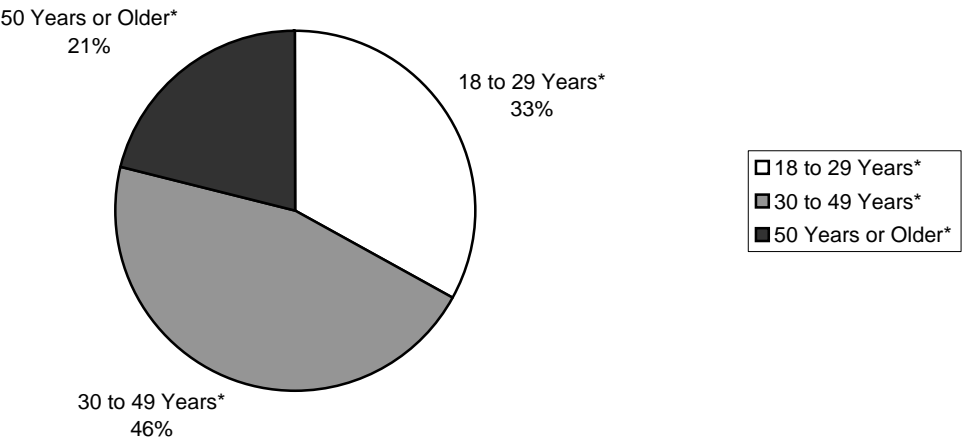
Gambling is an addictive behavior. Pathological Gambling (PG) is a mental health concern, classified as a disorder of impulse control [16]. Over the past two decades, there has been increased access to gambling facilities and gambling events in the United States. Approximately 2% to 3% of the adult population are estimated to have the disorder called Pathological Gambling (PG) [17]. The disorder is more common among males than females. Pathological gambling (PG) is an impulse control disorder, characterized by a chronic and progressive failure to resist impulses to gamble, and gambling behavior that compromises, disrupts, or damages personal, family, or vocational pursuits [17].

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

**Figure 9. Age Distribution of Binge Drinkers in Percent,
Adults Aged 18 Years or Over, SPA 2, 1999**



**Figure 10. Age Distribution of Chronic Drinkers in Percent,
Adults Aged 18 Years of Over, SPA 2, 1999**



Survey findings show that 47% of adults living in SPA 2 report that they have spent money gambling during the past year. About 52% of the men report that they have spent money gambling during the past year, while 42% of the women report that they have spent money gambling during the past year. About 53% of Whites, 56% of African Americans, 30% of Latinos, and 55% of Asians/Pacific Islanders report having gambled during the past year (Figure 11).

Of SPA 2 residents who did gamble during the past year, 64% spent less than \$100 on gambling activities last year, about 15% spent from \$100 to less than \$250, 9% spent from \$250 to less than \$500, and 12% spent \$500 or more on gambling activities last year.

Of the males who gambled during the past year, 56% report spending less than \$100 on gambling activities over the past year, 17% report spending \$100 to less than \$250, 11% report spending \$250 to less than \$500, and 16% report spending \$500 or more on gambling activities over the past year. Of the females who gambled during the past year, 74% report spending less than \$100 on gambling activities over the past year, 13% report spending \$100 to less than \$250, 7% report spending \$250 to less than \$500, and 6% report spending \$500 or more on gambling activities over the past year.

Of those residents who report gambling during the past year, about 13% of Whites, 7%* of Latinos, and 13%* of Asians/Pacific Islanders report spending \$500 or more on gambling activities over the past year.

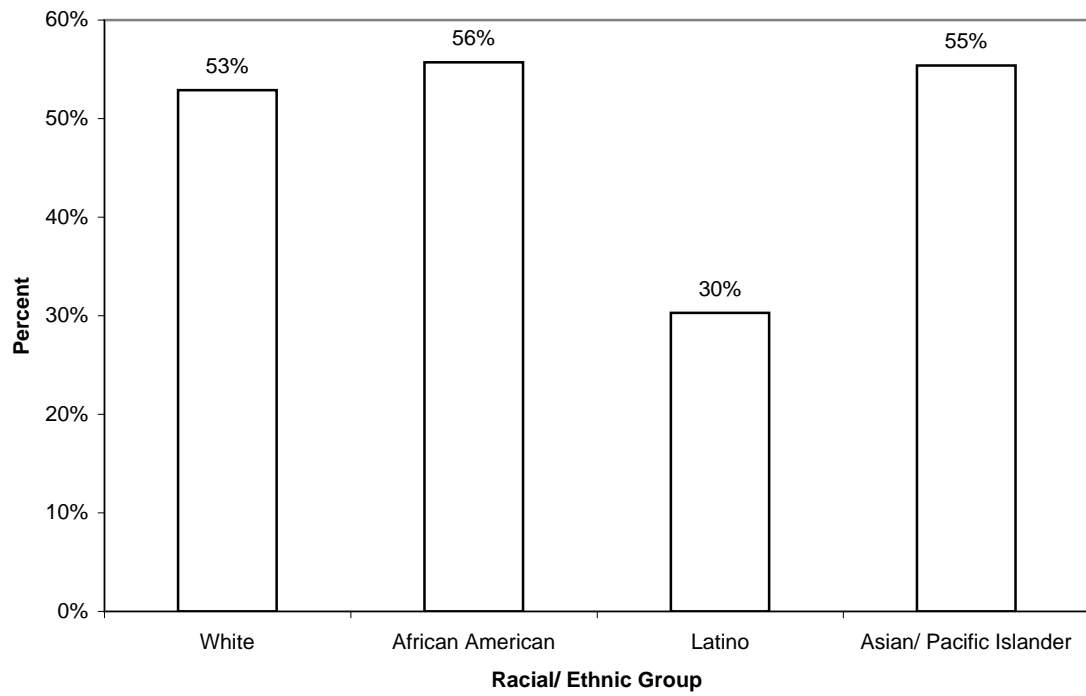
Of SPA 2 residents who did report gambling during the past year, 3% report that gambling activities had a harmful effect on themselves or on a family member during the past two years. Of those residents who report that they did not gamble during the past year, about 2% report that gambling activities had a harmful effect on themselves or on a family member in the past two years.

Sexual Behavior and Testing for HIV

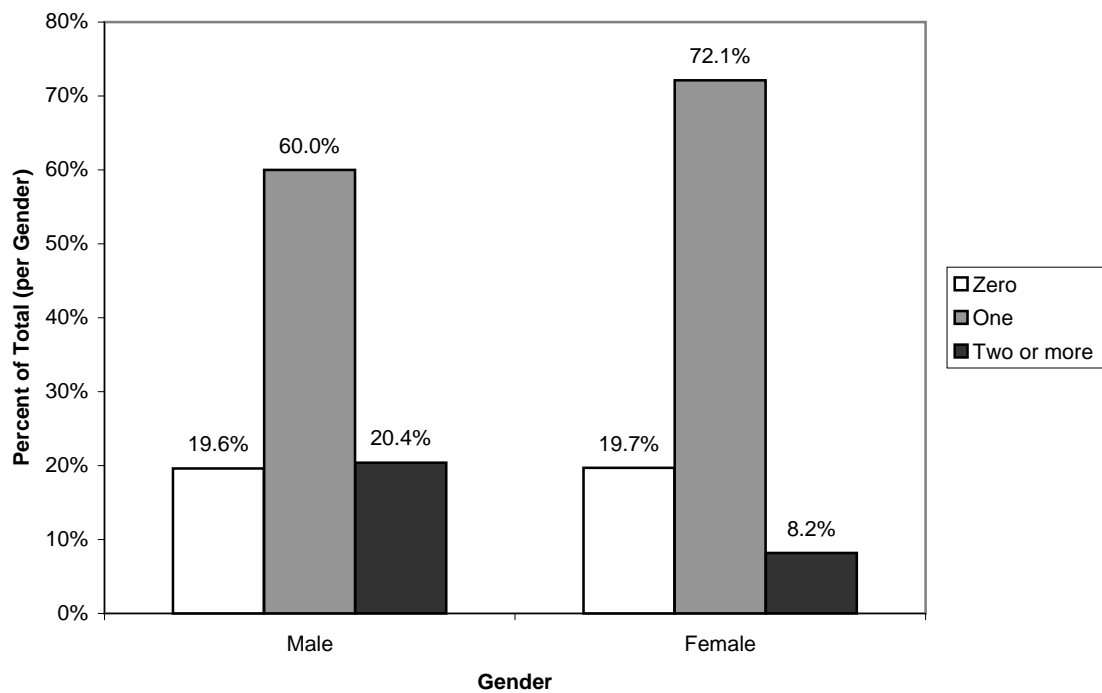
With the growth of AIDS as a medical problem, much attention has focused on safe sex as a method of prevention [18]. Persons who engage in risky sexual behavior are at high risk for sexually transmitted diseases (STDs) [19]. Studies have indicated that contracting STDs may increase the risk of being infected with HIV [20, 21, 22]. Risky sexual behavior includes early sexual debut, unprotected sexual activity, inconsistent use of condoms, high-risk partners, or sex with a partner who has other partners or more than one partner at a time [23].

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

**Figure 11. The Percentage of Adult Residents in Each Racial/ Ethnic Group
Who Report Gambling Last Year, Aged 18 Years or Over, SPA 2, 1999**



**Figure 12. Number of Sex Partners During the Past Twelve Months,
by Gender, Adults Aged 18 to 64 Years, SPA 2, 1999**



Adults aged 18 to 64 years were asked about their sexual orientation. Of the men in SPA 2, over 3%* describe themselves as gay males, 4%* identify themselves as bisexual males, and 93% describe themselves as heterosexual males. Of the women, about 2%* describe themselves as lesbian females, approximately 2%* identify themselves as bisexual females, and slightly over 96% describe themselves as heterosexual females. Overall, more than 2%* of the population describe themselves as gays or lesbians, about 3% identify themselves as bisexual, and approximately 95% describe themselves as heterosexual.

Adults aged 18 to 64 years old were asked how many sex partners they had during the past 12 months. Twenty percent of SPA 2 residents report having had no sex partners during the past 12 months, 66% report having had one sex partner during the past 12 months, and 14% report having had two or more sex partners during the past 12 months.

Among males aged 18 to 64 years, 20% report having had no sex partners during the past 12 months, 60% report having had one sex partner during the past 12 months, and 20% report having had two or more partners during the past 12 months. Among females aged 18 to 64 years, 20% report having had no sex partners during the past 12 months, 72% report having had one sex partner during the past 12 months, and 8% report having had two or more partners during the past 12 months (Figure 12).

The survey respondents aged 18 to 64 years with one or more sex partners during the past twelve months were asked about the frequency of condom use during the twelve months previous to the interview. Overall, 17% of the adults who were asked report that they used condoms all of the time during the past 12 months. Eighteen percent report using condoms most of the time or some of the time, and 65% report using condoms rarely or never use them.

Among males with one or more sex partners during the past 12 months, 20% report using condoms all of the time, 20% report using condoms most of the time or some of the time, and 60% report using condoms rarely or never (Table 2). Among females with one or more sex partners during the past 12 months, 13% report using condoms all of the time, 16% report using condoms most of the time or some of the time, and 71% report using condoms rarely or never (Table 3).

Adult residents less than 65 years of age were asked if they had received an HIV test during the past two years. Thirty-four percent report that they received the test. This includes 35% of the men and 32% of the women in SPA 2. Thirty-one percent of persons tested for HIV during the past two years are 18 to 29 years of age, 59% are 30 to 49 years of age, and 10% are 50 years or older.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table 2. Condom Use Among Male Residents
by Number of Sex Partners During the Past Twelve Months,
Adults Aged 18 to 64 Years with One or More Sex Partners, SPA 2, 1999

Frequency of condom use	Males		
	Number of Sex Partners During the Past 12 Months		
	1	2 or More	Total
	Percent	Percent	Percent
All of the time	13.3	40.6	20.3
Most of the time or Some of the time	14.2	37.0	20.0
Rarely or Never	72.5	22.4 *	59.7
Total	100.0	100.0	100.0

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table 3. Condom Use Among Female Residents
by Number of Sex Partners During the Past Twelve Months,
Adults Aged 18 to 64 Years with One or More Sex Partners, SPA 2, 1999

Frequency of condom use	Females		
	Number of Sex Partners During the Past 12 Months		
	1	2 or More	Total
	Percent	Percent	Percent
All of the time	12.6	23.7 *	13.7
Most of the time or Some of the time	12.8	42.0 *	15.8
Rarely or Never	74.6	34.3 *	70.6
Total	100.0	100.0	100.0

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

African Americans have the highest percentage of persons who reported taking the HIV test during the past two years with 57%. They are followed by Latinos with 36%, Whites with 32%, and Asians/Pacific Islanders with 28%* reporting having been tested for HIV during the past two years.

High school graduates and persons who have some college or trade school education include a higher percentage of persons reporting taking the HIV test during the past two years (35% in each group) than others who have less than high school education and those with college degree or more education (32% in each group).

Approximately two-thirds of persons, who were tested for HIV during the past two years, had the test one time (64%). Twenty-six percent had the test two times, and 10% took the test more than two times during the past two years.

Of the residents tested for HIV during the past two years, 59% took the test at a doctor's office or a laboratory, 14% at a County or community clinic, 8% at a family planning clinic, 5%* at a mobile testing unit, 3%* had a home test, and 11% took the test at other places.

Of the residents who were tested for HIV during the past two years, 33% mentioned taking the test out of self-concern, 14% mentioned that they were required to take the test for employment or military service or insurance, 10% mentioned taking the test while receiving prenatal care, 11% mentioned taking the test because it was recommended by a doctor or other health professional, 11% mentioned that they were tested because they donated blood, and 24% mentioned taking the test for other reasons (Figure 13). The percentages here may not add up to 100%, because persons may be counted in more than one category. Eighty-seven percent of persons, who took the test, received the test results.

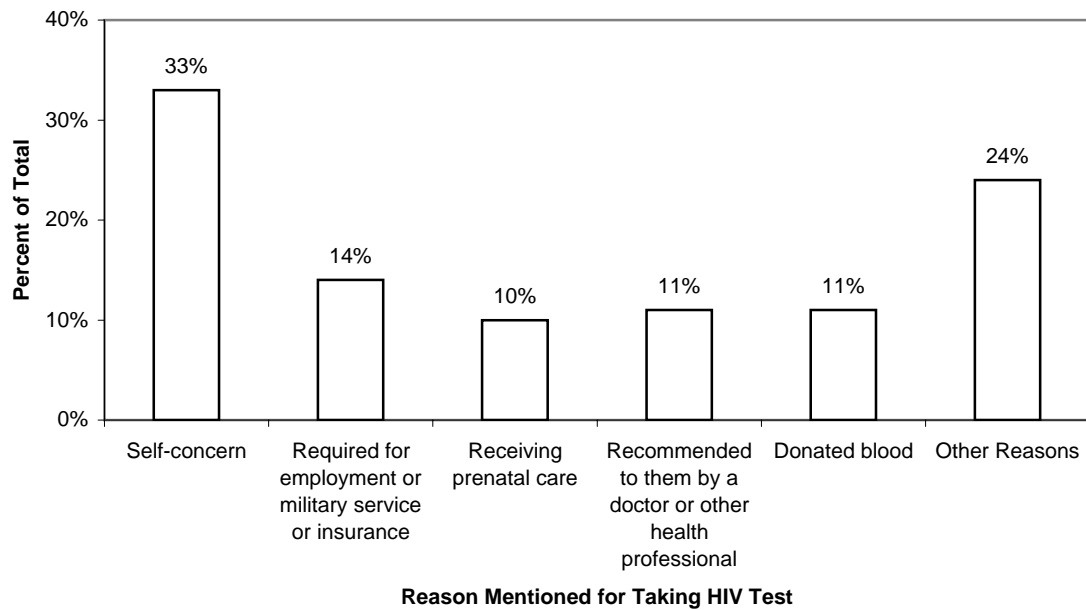
Nutrition, Weight, and Physical Activity

Considerable evidence has accumulated demonstrating that maximizing healthy behaviors, such as proper diet, nutrition, and exercise, in conjunction with minimizing risky lifestyles, such as smoking, heavy drinking, and obesity, can reduce mortality and morbidity rates [24, 25].

Persons who exercise regularly have lower incidence rates of heart disease, hypertension, non-insulin-dependent diabetes, cancer, anxiety, and depression than those who are sedentary [26]. In addition, self-rating of health among sports-participants is reported to be more favorable than that of non-participants, and obese persons rate their health status more negatively than others do [27].

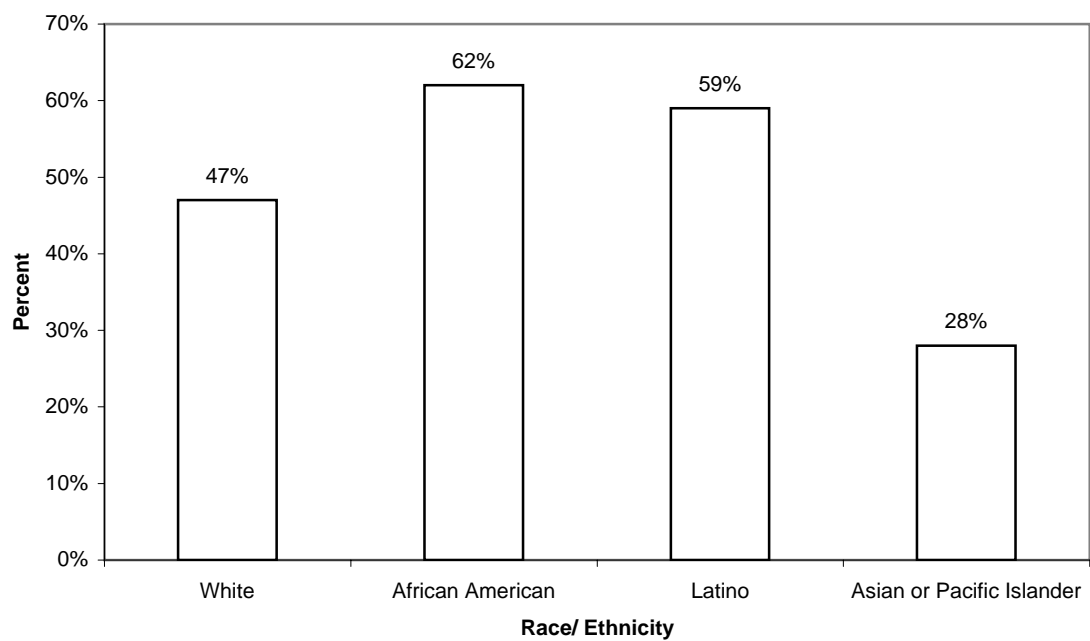
* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

**Figure 13. Mentioned Reasons for Taking the HIV Test During the Past Two Years
in Percent, Adults Aged 18 to 64 Years, SPA 2, 1999**



Note: The percentages may not add up to 100%; a person may have taken the test more than once.

Figure 14. The Percentage of Residents in Each Racial/ Ethnic Group Who Are Overweight, Adults Aged 18 Years or Over, SPA 2, 1999



Note: Overweight is defined as a Body Mass Index (BMI) ≥ 25 for adults.

The food pyramid developed by the U.S. Department of Agriculture recommends five servings of fruits and vegetables per day. The survey included questions about residents' food intake. Responses show that SPA 2 residents eat an average of 2.5 servings of fruits and vegetables per day. Males eat an average of 2.2 servings of fruits and vegetables per day, while females eat an average of 2.7 servings of fruits and vegetables per day.

About 16% of the residents in SPA 2 ate no fruits and vegetables on the day before they were interviewed. This included 19% of the males and 12% of the females.

About half of the SPA 2 population aged 18 years or older are overweight** (49%). This includes 59% of the men and 37% of the women. Overweight persons constitute 47% of Whites, 62% of African Americans, 59% of Latinos, and 28% of Asians/Pacific Islanders (Figure 14). Fifteen percent of overweight persons in SPA 2 are less than 30 years of age, 52% are 30 to 49, 20% are 50 to 64, and 13% are 65 years or older.

The percentage of overweight persons decreases with higher levels of education. SPA 2 residents with less than high school education include the highest percentage of overweight persons with 56%. They are followed by high school graduates with 51%, those who attended some college or trade school with 49%, and those who received a college degree or higher with 43%.

SPA 2 residents with household incomes less than 100% of the federal poverty level (FPL) have the highest percentage of overweight persons with 53%. They are followed by those with household incomes from 100% to less than 200% of the FPL with 50%, residents with household incomes from 200% to less than 300% of the FPL with 48%, and those with household incomes at 300% of the FPL or higher with 47% being overweight.

Adult residents aged 18 to 64 years were asked whether they perceived themselves to be overweight, underweight, or about average weight for their height. Sixty-five percent of the overweight population in SPA 2 perceive themselves as overweight. The remaining 35% see themselves as about average.

About 57% of adults in SPA 2 report that they engage in vigorous physical activities for at least 10 minutes, during a usual week. This includes both work activities and leisure time activities. Among male adults aged 18 years and over, 61% report that they engage in vigorous activities for at least 10 minutes during a usual week. Among female adults aged 18 years and over, 53% report that they engage in vigorous activities for at least 10 minutes during a usual week.

The proportion of persons who engage in vigorous physical activity decreases as people get older. Residents less than 30 years of age have the

** Overweight is defined as a Body Mass Index (BMI) of equal to or greater than 25, for adults.

highest percentage of persons engaging in vigorous physical activities with 66%. They are followed by those 30 to 49 years of age with 57%, those 50 to 64 years of age with 52%, and those who are 65 years and older with 48% (Figure 15). Sixty percent of Whites, 53% of African Americans, 49% of Latinos, and 58% of Asians/Pacific Islanders engage in vigorous physical activity during a usual week.

Among adults who engage in vigorous physical activity, 79% engage in vigorous physical activity for at least three days per week and 40% engage in vigorous physical activity for at least five days per week.

On an average day spent exercising vigorously, 53% of adults in SPA 2 spend at least 60 minutes doing these activities. This includes 58% of males and 46% of females.

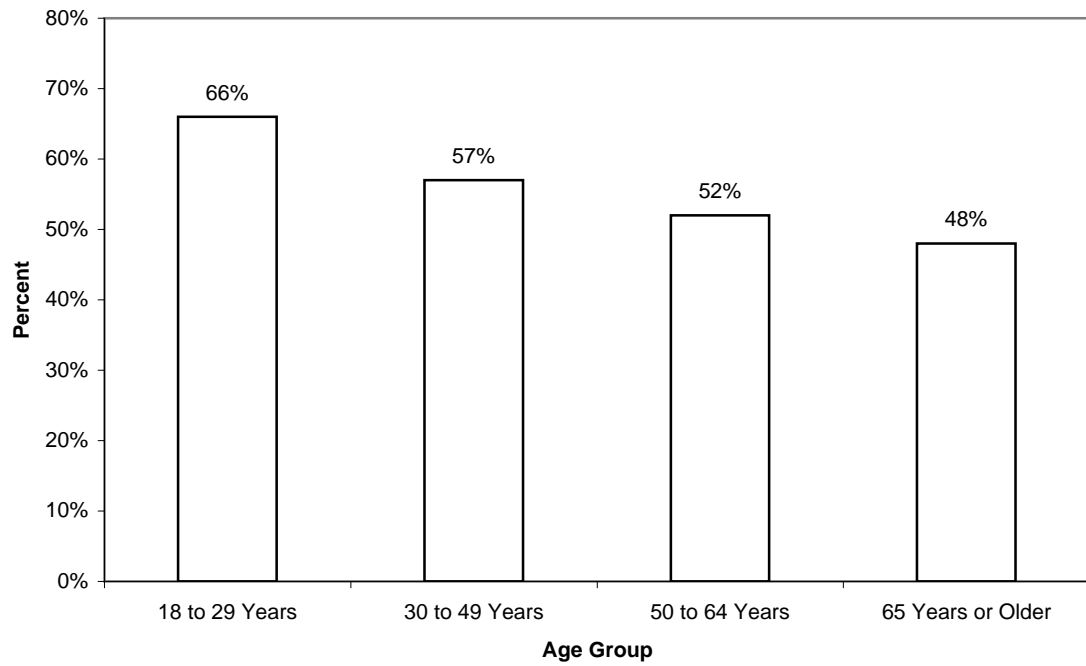
In a usual week, 79% of adults living in SPA 2 walk for at least 10 minutes without stopping. This includes walking at work, for recreation, exercise, getting to and from places or for any other reason. Of these, 41% walk for 10 to 29 minutes at a time, 33% walk for 30 to 59 minutes at a time, and 26% walk for one hour or longer at a time. Among men who do walk, 40% walk for 10 to 29 minutes at a time, 31% walk for 30 to 59 minutes at a time, and 29% walk for at least one hour at a time. Among women who do walk, 42% walk for 10 to 29 minutes at a time, 36% walk for 30 to 59 minutes at a time, and 22% walk for at least one hour at a time.

Neighborhood Safety and Use of Firearms

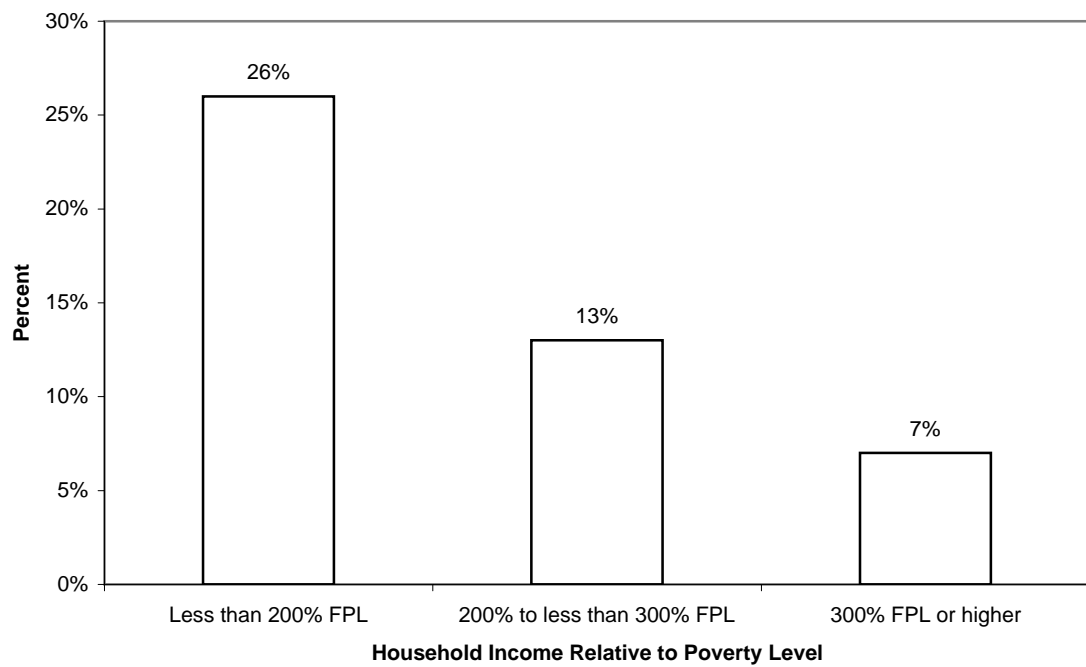
Residents were asked how safe from crime do they consider their neighborhood to be. Fourteen percent of SPA 2 residents consider their neighborhood as somewhat unsafe or not at all safe. Perceiving the neighborhood as unsafe increases as household income decreases. Residents living below 200% of the federal poverty level have the highest percentage of persons who consider their neighborhood as somewhat unsafe or not at all safe, with 26%. They are followed by those whose household income is at least 200% and less than 300% of the FPL with 13%, and those with household income at or above 300% of the FPL with 7% perceiving their neighborhood as somewhat unsafe or not at all safe (Figure 16).

Approximately 8% report ever having been fired at by someone with a firearm or gun, other than during military service. Eighteen percent report keeping firearms in or around the house. Among those who have firearms in the home, about 33% indicate that they keep them loaded all the time or some of the time, while 66% indicate that firearms are locked in a box or cabinet all the time or some of the time.

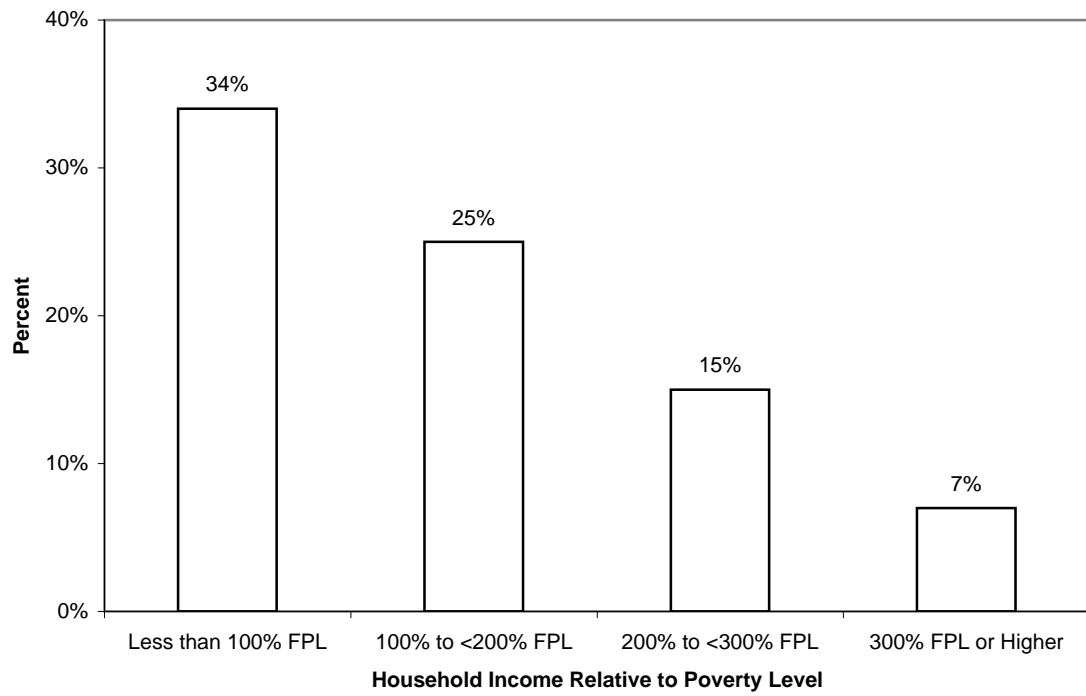
**Figure 15. The Percentage of Residents in Each Age Group
Who Engage in Vigorous Physical Activity for at Least Ten Minutes
During a Usual Week, Adults Aged 18 Years or Older, SPA 2, 1999**



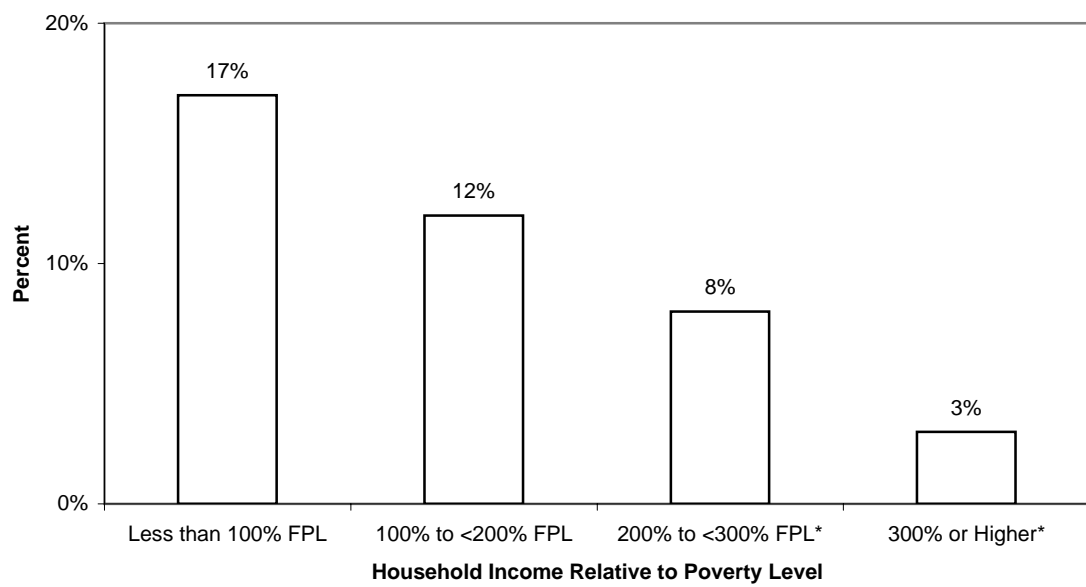
**Figure 16. The Percentage of Residents
Who Perceive Their Neighborhood as Being Unsafe,
by Household Income, Adults Aged 18 Years or Older, SPA 2, 1999**



**Figure 17. The Percentage of Residents in Each Household Income Group
Who Perceive Their Health as Fair or Poor, Adults Aged 18 or Over, SPA 2, 1999**



**Figure 18. The Percentage of Residents in Each Household Income Group
Who Report Feeling Depressed Most of the Time or All of the Time,
Adults Aged 18 Years or Over, SPA 2, 1999**



* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

V. Health Outcomes

Self-Perceived Health Status

Self-rating of health is an important indicator of general health and has proved to be a useful instrument for national epidemiological studies on inequalities in health [28]. Self evaluations of health have been found to be related to a wide range of outcomes including well-being and health care services use. In addition, they are a significant predictor of morbidity and mortality [29, 30]. Therefore, an individual's perception of his or her own health status has become the subject of interest in recent years.

Residents were asked how they perceive their general health. Fifteen percent of adults in SPA 2 report their health as fair or poor (an estimated 226,000 residents), compared to 21% of County residents reporting their health as fair or poor. Latinos in SPA 2 have the highest percentage of persons reporting their health as fair or poor with 28%. They are followed by Whites with 11%, Asians/Pacific Islanders with 8%*, and African Americans with 7%* reporting their health as fair or poor. The percentage reporting their health as fair or poor increases as the household income decreases, with 34% among persons with household incomes less than 100% of the federal poverty level (FPL), 25% among persons at 100% and below the 200%, 15% among those at 200% and less than 300%, and 7% among residents with household incomes of at least 300% of the FPL or above (Figure 17). Twenty-three percent of SPA 2 residents who reported their health as fair or poor have not seen a health care provider during the past year.

Respondents were asked if they feel depressed and how often they do. Overall, 7% of SPA 2 residents report feeling depressed all of the time or most of the time. The percentage of persons reporting feeling depressed all of the time or most of the time is adversely related to income. Residents with household incomes less than 100% of the federal poverty level (PFL) include the highest percentage of persons who reported feeling depressed all of the time or most of the time with 17%. They are followed by those from 100% to below 200% with 12%, residents from 200% to below 300% with 8%, and those with household incomes at least 300% of the FPL or higher with 3% (Figure 18).

SPA 2 residents report an average of three days in the past month that their physical health was not good. This compares to an average of four days reported by County residents. SPA 2 residents report an average of four days in the past month that their mental health was not good. County residents report also an average of four days in the past month that their mental health was not good.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Figure 19. The Percentage of Residents Diagnosed with Chronic Diseases and Conditions, Adults Age 18 Years or Over, SPA 2, 1999

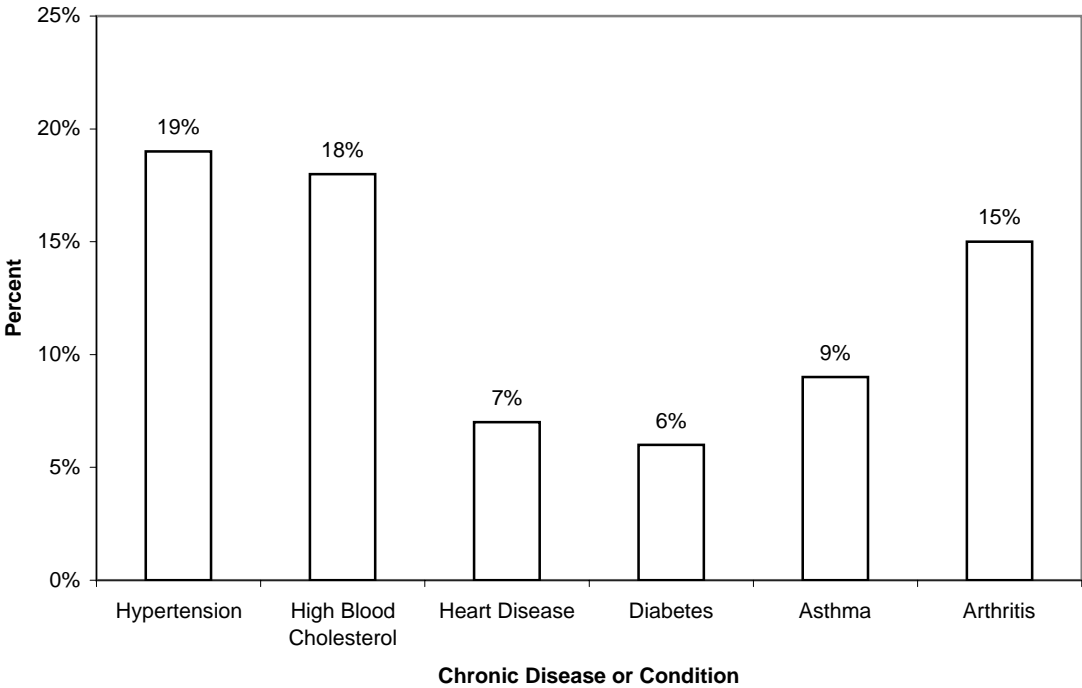
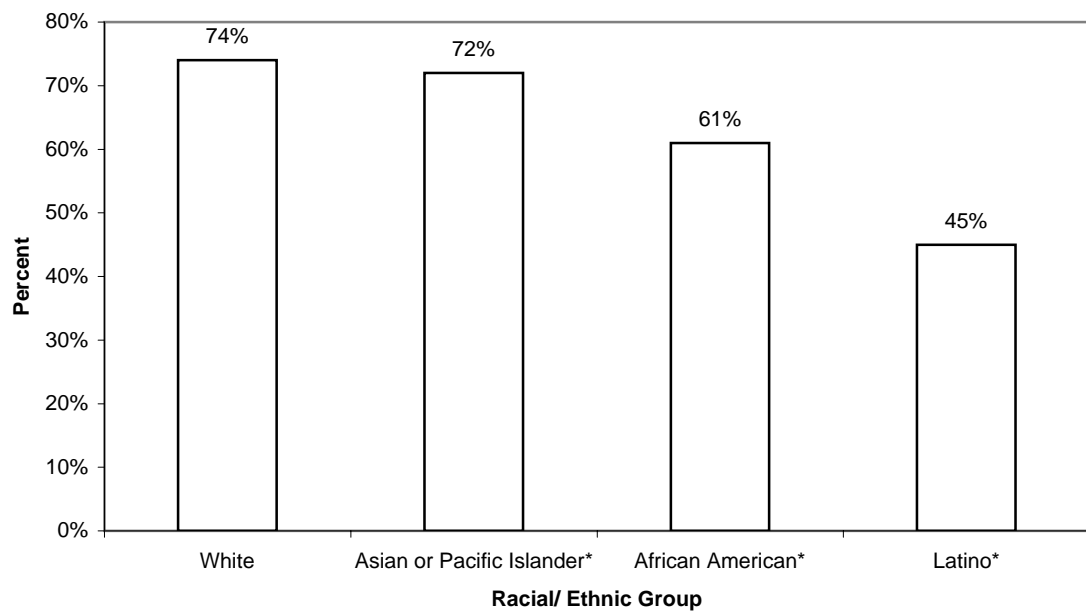


Figure 20. The Percentage of Hypertension Patients in Each Racial/ Ethnic Group Who Are Taking Medication, SPA 2, 1999



* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Chronic Diseases and Conditions

Cardiovascular disease remains the leading cause of death in the United States and other industrialized societies. Lack of access to health care may be a cause of uncontrolled high blood pressure, which leads to heart disease [31]. Disease management was introduced in the 1990s as an attempt to improve the quality and reduce the cost of caring for people with chronic diseases [32].

In SPA 2, chronic diseases were leading causes of the majority of deaths in 1998. Heart disease was the leading cause of 3,808 deaths (33% of all deaths), cerebrovascular disease (stroke) was the leading cause of 800 deaths (7%), chronic obstructive pulmonary disease (COPD) was the leading cause of 555 deaths (5%), and diabetes was the leading cause of 219 deaths (2%) [33].

The LACHS intended to provide health information on residents currently living with chronic diseases and conditions such as high blood pressure, high blood cholesterol, heart disease, diabetes, asthma, arthritis, and depression.

The survey responses show that 19% of SPA 2 residents (an estimated 277,000 persons) have been diagnosed with high blood pressure (hypertension). This compares to 21% of County residents who reported having been diagnosed with high blood pressure (Figure 19). Twenty percent of the men in SPA 2 report having been diagnosed with hypertension, while 18% of the women report having been diagnosed with hypertension. The prevalence of hypertension varies among racial/ethnic groups with the highest percentage among African Americans with 28%*. They are followed by Whites with 21%, Asians/Pacific Islanders with 17%*, and Latinos with 14%.

Of the persons diagnosed with high blood pressure, 67% report taking medication and 33% do not use any medication for their high blood pressure. The proportion of patients with high blood pressure that is taking medication varies among racial/ethnic groups with 74% among Whites, 72% among Asians/Pacific Islanders, 61% among African Americans, and 45% among Latinos (Figure 20).

Residents were asked when they had the last blood pressure test. Responses show that 83% of SPA 2 residents had received a blood pressure test within the past year, 9% had the test more than one year ago and up to two years ago, and the remaining 8% had the test within a longer period of time. Residents with no health insurance include the lowest percentage of persons having a blood pressure test within the past year, with 69%. This percentage is 94% among seniors eligible for Medicare, 90% among Medi-Cal recipients, and 85% among persons with private health insurance.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Eighteen percent of the respondents report being diagnosed with high blood cholesterol. The prevalence of high cholesterol is 19% among males and 17% among females. Twenty-three percent of persons diagnosed with high blood cholesterol are 18 to 39 years old, 51% are 40 to 64 years of age, and 26% are 65 years or older. Twenty-one percent of Whites as well as of Asians/Pacific Islanders* were diagnosed with high blood cholesterol. This percentage is 13%* among African Americans and 12% among Latinos.

Residents were asked when they had their last blood cholesterol test. Survey responses show that 72% of SPA 2 residents had received a cholesterol test within the past three years, 12% had the test more than three years ago, and 16% never had a blood cholesterol test. The percent of residents who had received a cholesterol test within the past three years was highest among seniors eligible for Medicare with 94%. They are followed by Medi-Cal recipients with 85%, persons with private insurance with 74%, and those with no health insurance with 50% (Figure 21). Latino residents report the lowest proportion of persons receiving a blood cholesterol test within the past three years with 64%. This percentage is 70% among African Americans, 75% among Whites, and 78% among Asians/Pacific Islanders.

Seven percent of SPA 2 residents report having been diagnosed with heart disease, with equal percentages among men and women (7%). Approximately 22% of persons diagnosed with heart disease are 18 to 39 years of age, 25% are 40 to 59 years old, and 53% are 65 years or older.

Approximately 6% of SPA 2 adult population report having been diagnosed with diabetes (an estimated 84,000 persons). This compares to 7% of the County's population reporting having been diagnosed with diabetes. Diabetic patients constitute 6% of the women and 5% of the men in SPA 2. The prevalence of diabetes increases as the income decreases with 9% among persons with household incomes less than 100% of the federal poverty level (FPL), 7% among those with household income at 100% and less than 200% of the FPL, and 5% among residents with household incomes at 200% of the FPL or higher (Figure 22).

Seventy-seven percent of residents diagnosed with diabetes report being treated by a physician for the condition, while 23% are not under medical care. Sixty-six percent of diabetic patients with no health insurance are under a doctor's care. Seventy-seven percent of diabetic patients covered by Medicare, 78% of those with private health insurance, and 89% of Medi-Cal recipients with diabetes are under medical care. Seventy-three percent of diabetic patients in SPA 2 are taking insulin.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Figure 21. The Percentage of Residents Who Had Received a Cholesterol Test Within the Past Three Years, by Type of Health Insurance Coverage, Adults Aged 18 Years or Over, SPA 2, 1999

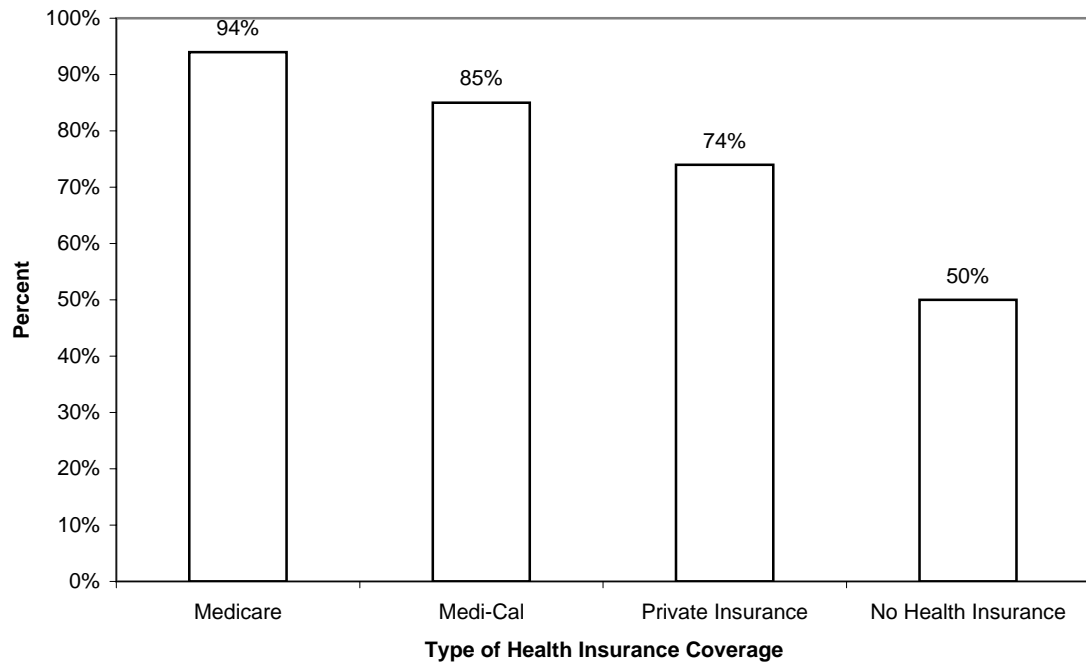
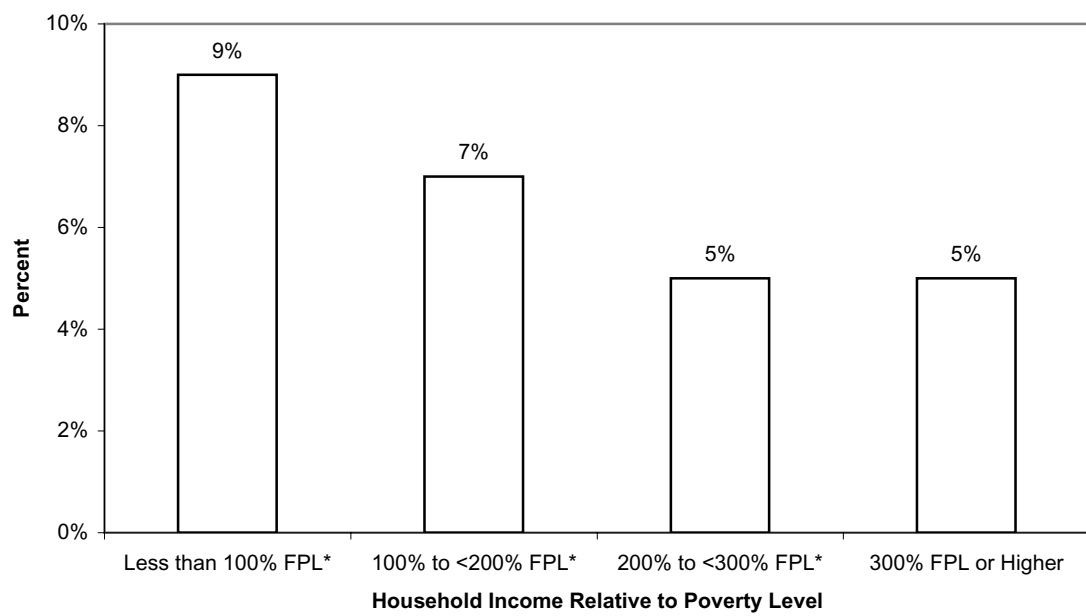


Figure 22. The Percentage of Residents in Each Household Income Group Who Have Been Diagnosed with Diabetes, Adults Aged 18 Years or Over, SPA 2, 1999



* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Slightly over 9% of SPA 2 adult residents report having been diagnosed with asthma (an estimated 138,000 persons). This compares to 8% of the County's adult residents who report having been diagnosed with asthma. Eight percent of the male residents in SPA 2 were diagnosed with asthma, while 10% of the females were diagnosed with asthma. The percentage of persons diagnosed with asthma varies among racial/ethnic groups with 16% among African Americans, 10% among Whites, 8% among Asians/Pacific Islanders, and 7% among Latinos (Figure 23). Forty-five percent of persons diagnosed with asthma report experiencing an asthma episode during the past year, and 28% had an emergency hospital visit during the past year.

Approximately 15% of the adult population in SPA 2 report having been diagnosed with arthritis. The prevalence of arthritis is higher among women than among men, with 20% and 12%, respectively. The prevalence of arthritis is highest among whites at 20%, followed by Latinos at 11%, Asians/Pacific Islanders at 7%*, and African Americans at 5%*. Fifteen percent of persons diagnosed with arthritis are 18 to 39 years of age, 50% are 40 to 64 years of age, and 35% are 65 years or older.

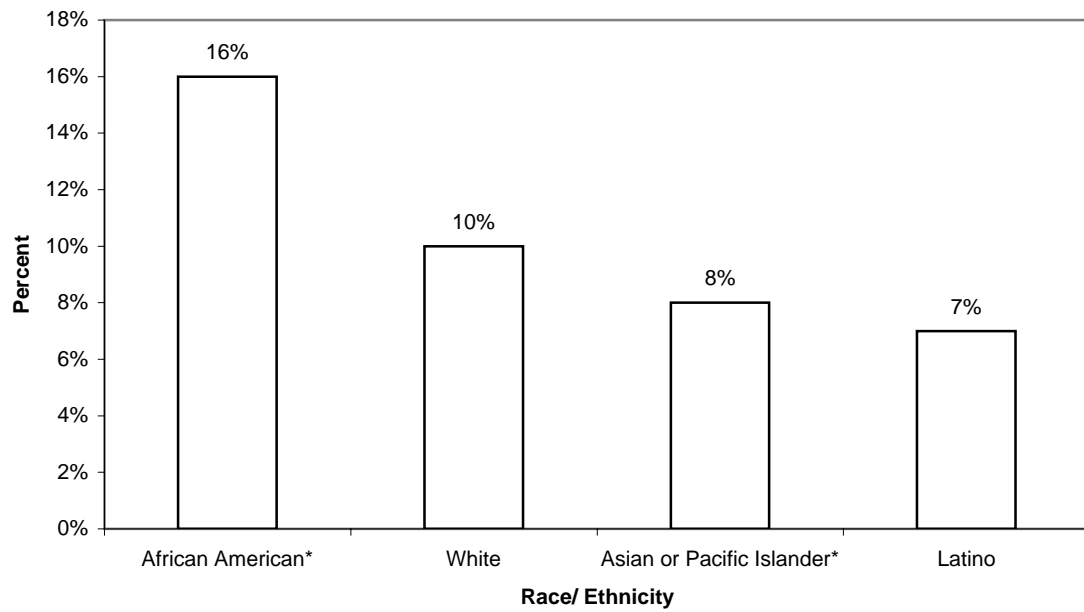
About 10% of SPA 2 adult residents report being diagnosed with a depressive disorder, with 8% among men and 12% among women. The prevalence of a depressive disorder increases slightly as household income decreases. Eleven percent* of residents with household incomes less than 100% of the federal poverty level (FPL) report having been diagnosed with a depressive disorder. They are followed by 10% among those with household incomes from 100% to less than 200% of the FPL, and 9% among residents with household incomes 200% of the FPL or higher. Forty-five percent of persons diagnosed with a depressive behavior are taking medications for depression and 50% are under doctor's care for depression.

VI. Senior Adults

As a social group with increased relative risk for health problems, the elderly are a vulnerable population. Older Americans currently make up approximately 13% of the U.S. population, with the expectation that the number of elderly persons will increase by 75% by the year 2030. With the elderly population becoming a larger percentage of the total population, health issues regarding this population continue to be of concern [34].

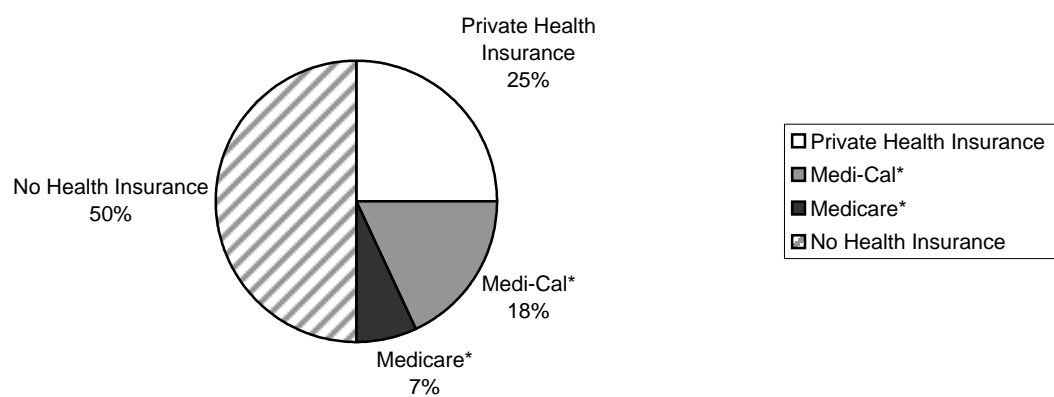
* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

**Figure 23. The Percentage of Residents in Each Racial/ Ethnic Group
Who Have Been Diagnosed with Asthma, Adults Aged 18 Years or Over, SPA 2, 1999**



* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata

Figure 24. The Type of Health Insurance Coverage of Residents Who Had Received Services from a DHS Hospital or Clinic During the Past Year, Adults Aged 18 Years or Older, 1999



Certain questions were asked of senior adults (65 years or older) that pertain to their activities and health. Two hundred sixty-six interviews were completed with seniors in SPA 2. The racial/ethnic breakdown of this group in the SPA is 56% White, 28% Latino, 12% Asians/Pacific Islanders, and 4%* African Americans.

Twelve percent of seniors in SPA 2 report using senior centers for services, 2%* have meals delivered to them by an organization, 6%* use special transportation for the elderly, and 7%* receive assistance at home by a health care professional.

Almost 59% of seniors aged 65 years or older report having received a pneumonia shot. About 74% of seniors report receiving a flu shot during the past twelve months. Almost 67% of seniors report using prescription medication during the past month.

Seniors were asked if they have experienced falls in their homes during the past year. Twenty-one percent report having one or more falls during the past year. Of these, one quarter (25%) received medical care for their falls.

Seniors were asked about their social life. Sixty-six percent report they got together with relatives in the past two weeks, 76% indicate they got together with friends in the past two weeks, 76% report they went out in the past two weeks, and 94% indicate they talked on the phone during the past two weeks.

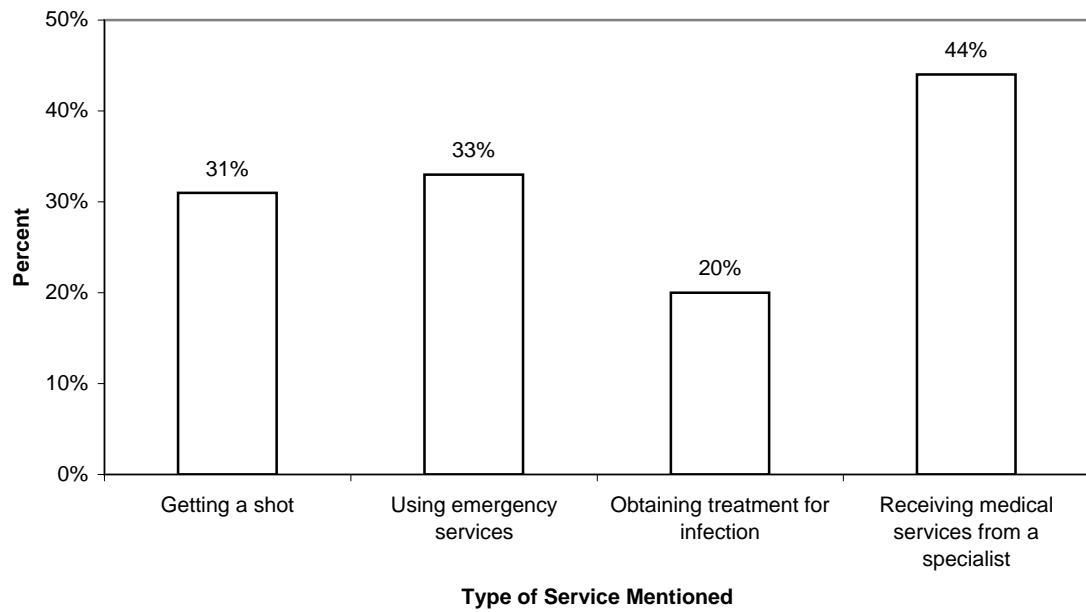
VII. Use and Perception of County Services

Residents were asked if they have received services from the Los Angeles County Department of Health Services (DHS). Responses indicate that approximately 10% of SPA 2 residents received services from a DHS hospital or clinic during the past year. Of these, 50% had no health insurance, 25% had private health insurance, 18%* were Medi-Cal recipients, and 7%* were covered by Medicare (Figure 24).

Of the SPA 2 residents who received DHS services during the past year, 31% mentioned going to a DHS facility to get a shot, 33% mentioned going for emergency services, 20% mentioned obtaining treatment for infection, and 44% mentioned receiving medical services from a County Specialist (Figure 25). The percentages here may not add up to 100%, because persons may be included in more than one category.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

**Figure 25. Type of County DHS Services Received by Residents, in Percent,
Adults Aged 18 Years or Over, SPA 2, 1999**



Note: percentages will not add up to 100%; some patients may have received more than one type of service.

The respondents were asked about their perceptions of DHS services. Ten percent of the respondents answered these questions. Of these, 85% rated DHS food safety programs as very effective or somewhat effective, 81% rated infectious disease programs as very effective or somewhat effective, and 88% rated the operation of facilities as very effective or somewhat effective.

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Appendix A:

Tables for Total SPA 2

Table A-1. Racial/ Ethnic Distribution of SPA 2 Residents by Gender (in Percent), Adults Aged 18 Years or Older, 1999

Racial/ Ethnic Group	Gender		
	Male	Female	Total
	Percent	Percent	Percent
White	49.29	50.71	100.00
Latino	52.13	47.87	100.00
Asian/ Pacific Islander	47.76	52.24	100.00
African American, American Indian, or Other	52.67	47.33	100.00
Total	50.03	49.97	100.00

Note: The number of residents in SPA 2 who were interviewed for this survey was 1,707 adults aged 18 years or over. This includes: 991 White, 507 Latino, 125 Asian or Pacific Islander, 57 African American, 10 American Indian, and 6 Other Races. Eleven respondents did not indicate their race or ethnicity. These 11 are not included in these tables of weighted data.

Table A-2. Racial/ Ethnic Distribution of SPA 2 Residents by Marital Status (in Percent), Adults Aged 18 Years or Older, 1999

Racial/ Ethnic Group	Marital Status			
	Married, or Not Married but Living Together	Never Married	Widowed, Divorced, or Separated	Total
	Percent	Percent	Percent	Percent
White	45.66	28.31	26.03	100.00
Latino	61.35	24.67	13.99	100.00
Asian/ Pacific Islander *	61.59	23.53	14.89	100.00
African American, American Indian, or Other *	32.79	38.01	29.21	100.00
Total	51.37	27.11	21.52	100.00

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table A-3. Racial/ Ethnic Distribution of SPA 2 Residents by Age Group (in Percent), Adults Aged 18 Years or Older, 1999

Racial/ Ethnic Group	Age Group in Years				
	18 to 29 Years	30 to 49 Years	50 to 64 Years	65 Years or Over	Total
	Percent	Percent	Percent	Percent	Percent
White	15.60	46.42	18.95	19.03	100.00
Latino *	32.91	49.86	11.09	6.13	100.00
Asian/ Pacific Islander *	14.69	54.77	19.25	11.29	100.00
African American, American Indian, or Other *	27.05	41.44	27.35	4.16	100.00
Total	20.76	48.16	17.13	13.97	100.00

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table A-4. Racial/ Ethnic Distribution of SPA 2 Residents by Educational Status (in Percent), Adults Aged 18 Years or Older, 1999

Racial/ Ethnic Group	Educational Status			
	Less than H.S., or High School Graduate	Some College or Trade School	College Degree or Post Graduate Degree	Total
	Percent	Percent	Percent	Percent
White	30.97	32.42	36.61	100.00
Latino	70.30	20.41	9.29	100.00
Asian or Pacific Islander	34.78	18.39	46.82	100.00
African American, American Indian, or Other *	19.40	56.96	23.63	100.00
Total	41.94	28.39	29.67	100.00

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table A-5. Racial/ Ethnic Distribution of SPA 2 Residents by Poverty Level (in Percent), Adults Aged 18 Years or Older, 1999

Racial/ Ethnic Group	Annual Household Income as a Percent of the Federal Poverty Level (FPL)				
	Less than 100% FPL	100% to <200% FPL	200% to <300% FPL	300% FPL or Above	Total
	Percent	Percent	Percent	Percent	Percent
White	3.84	12.24	20.56	63.36	100.00
Latino	27.94	34.21	17.25	20.60	100.00
Asian or Pacific Islander *	10.54	15.20	24.57	49.70	100.00
African American, American Indian, or Other *	6.29	17.03	26.88	49.80	100.00
Total	11.43	18.89	20.35	49.34	100.00

Note: In 1999, the federal poverty level (FPL) for a family of four, with two adults and two dependent children, was a household income of \$16,895 per year.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table A-6. Racial/ Ethnic Distribution of SPA 2 Residents by Employment Status (in Percent), Adults Aged 18 Years or Older, 1999

Racial/ Ethnic Group	Employment Status			
	Employed	Unemployed	Not in Workforce, or Other Situation	Total
	Percent	Percent	Percent	Percent
White *	65.74	2.80	31.46	100.00
Latino *	68.42	2.52	29.06	100.00
Asian or Pacific Islander *	68.81	4.94	26.25	100.00
African American, American Indian, or Other *	72.87	6.54	20.58	100.00
Total	67.12	3.12	29.77	100.00

Note: The category "Not in Workforce, or Other Situation" includes those persons who are full-time college students, retired persons, homemakers, those unable to work, and those who indicated they were in a situation other than the categories provided.

Note: Other racial/ ethnic groups are not included in this table because of their small numbers in the survey.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table A-7. Racial/ Ethnic Distribution of SPA 2 Residents by Country of Birth (in Percent), Adults Aged 18 Years or Older, 1999

Racial/ Ethnic Group	Country of Birth		
	Born in the U.S.	Not Born in the U.S.	Total
	Percent	Percent	Percent
White	88.58	11.43	100.00
Latino	33.24	66.76	100.00
Asian or Pacific Islander	29.45	70.55	100.00
African American, American Indian, or Other *	88.76	11.23	100.00
Total	66.36	33.64	100.00

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table A-8. Type of Health Insurance Among SPA 2 Residents by Race/ Ethnicity (in Percent), Adults Aged 18 Years or Older, 1999

Racial/ Ethnic Group	Type of Health Insurance				
	Private Insurance	Medi-Cal	Medicare	No Health Insurance	Total
	Percent	Percent	Percent	Percent	Percent
White *	62.78	2.83	19.48	14.90	100.00
Latino *	40.70	8.52	6.54	44.24	100.00
Asian or Pacific Islander *	63.55	3.72	11.29	21.43	100.00
African American, American Indian, or Other *	64.92	15.54	4.16	15.38	100.00
Total	56.79	5.01	14.33	23.86	100.00

Note: The category "Private Insurance" includes fee-for-service, HMO, and PPO health insurance plans.

Note: "Medi-Cal" is the State of California's version of the federal Medicaid insurance plan for indigent persons.

Note: "Medicare" is the federal government's health insurance plan for the elderly (age 65 years or over) and the disabled.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table A-9. Barriers to Health Care by Race/ Ethnicity (in Percent), Residents of SPA 2, Adults Aged 18 Years or Older, 1999

Barriers to Health Care	Racial/ Ethnic Group				
	White	Latino	Asian or Pacific Islander *	African American or Other *	Total SPA 2
	Percent	Percent	Percent	Percent	Percent
No doctor visit due to money	10.40	17.45	4.74	10.42	11.71
No dental care due to money	19.91	30.69	12.86	28.31	22.42
No eye glasses due to money	10.96	15.69	6.67	21.22	12.17
No regular source of medical care	12.45	28.88	12.79	8.44	16.91
"Very difficult" or "Somewhat difficult" to get medical care	18.01	42.35	25.00	26.37	25.83

Note: The category "African American or Other" includes the races African American, American Indian, and Other Races.

Note: The question choices regarding the ease of getting medical care included the following possible answers: "Very Difficult", "Somewhat Difficult", "Somewhat Easy", "Very Easy".

Note: The percentages do not add up to 100%.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table A-10. Adult Residents of SPA 2 Diagnosed with Chronic Diseases and Conditions by Age (in Percent), Adults Aged 18 Years or Older, 1999

Chronic Disease or Condition	Age Group in Years			
	18 to 49 Years	50 to 64 Years	65 Years or Over	Total
	Percent	Percent	Percent	Percent
Heart Disease	34.0	22.4	43.6	100.0
High Blood Pressure	36.1	29.6	34.3	100.0
High Blood Cholesterol	44.0	30.1	25.9	100.0
Diabetes Mellitus	37.4	27.1	35.5	100.0
Asthma *	64.8	20.3	14.9	100.0
Arthritis	33.8	31.4	34.8	100.0
Chronic Respiratory Condition *	35.9	32.4	31.7	100.0
Depressive Disorder *	71.3	17.4	11.3	100.0

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table A-11. Insurance Status and Selected Barriers to Health Care by Health District, Residents of SPA 2, Adults, 1996

Insurance Status	Health District				
	East Valley	Glendale	San Fernando	West Valley	Total SPA 2
	Percent	Percent	Percent	Percent	Percent
Insurance status, age 18 to 64 years:					
Medi-Cal	8.20 *	5.94 *	3.53 *	5.57	5.81
Private	57.29	66.22	78.59	65.18	66.37
No insurance	34.51	27.83	17.87	29.25	27.82
Total, insurance status	100.00	100.00	100.00	100.00	100.00
Barrier to Health Care **					
No regular source of care, age 18 to 64 years	24.59	25.61	18.71	21.37	22.29
Ease of getting medical care, age 18 to 64 years: "Very difficult" or "Somewhat difficult"	31.59	26.08	16.93	33.04	28.10
No doctor due to money, age 18 to 64 years	16.60	10.13 *	5.91 *	16.40	13.16
No medicine due to money, age 18 or over	12.51	8.96 *	4.28 *	13.55	10.64
No dental care due to money, age 18 or over	25.67	21.02	15.32	25.01	22.50
No eyeglasses due to money, age 18 or over	13.88	11.86	8.10	13.20	12.09
No mental health due to money, age 18 or over	10.78	5.59 *	4.71 *	9.41	8.09

Note: The question choices regarding the ease of getting medical care included the following possible answers: "Very Difficult", "Somewhat Difficult", "Somewhat Easy", "Very Easy".

Note: Medicare covers the cost of doctor visits for patients aged 65 years or over, but it does not cover the costs of medication, dental visits, or eyeglasses.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

** The percentages do not add up to 100%.

Appendix B:

Tables for
East Valley Health District

Table B-1. Racial/ Ethnic Distribution of Residents by Gender (in Percent), Adults Aged 18 Years or Older, East Valley Health District, 1999

Race/ Ethnicity	Gender		
	Male	Female	Total
	Percent	Percent	Percent
White	62.86	37.14	100.00
Latino	47.77	52.23	100.00
All Other *	42.01	57.99	100.00
Total of Health District	54.20	45.80	100.00

Note: The number of residents in the East Valley Health District who were interviewed for this survey was 359 adults aged 18 years or over. This includes: 163 White, 157 Latino, 20 Asian or Pacific Islander, 16 African American, and 3 persons from Other Races.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table B-2. Racial/ Ethnic Distribution by Marital Status (in Percent), Adults Aged 18 Years or Older, East Valley Health District, 1999

Race/ Ethnicity	Marital Status			
	Married or Living Together	Never Married	Widowed, Divorced, or Separated	Total
	Percent	Percent	Percent	Percent
White *	42.31	37.37	20.32	100.00
Latino *	62.77	26.21	11.02	100.00
All Other *	52.13	27.80	20.07	100.00
Total of Health District	52.06	31.58	16.36	100.00

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table B-3. Racial/ Ethnic Distribution by Age Group (in Percent), Adults Aged 18 Years or Older, East Valley Health District, 1999

Race/ Ethnicity	Age Group in Years			
	18 to 39 Years	40 to 59 Years	60 Years or Over	Total
	Percent	Percent	Percent	Percent
White	44.57	34.72	20.71	100.00
Latino *	66.93	26.56	6.50	100.00
All Other *	49.15	32.42	18.43	100.00
Total of Health District	54.17	31.14	14.69	100.00

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table B-4. Racial/ Ethnic Distribution by Educational Status (in Percent), Adults Aged 18 Years or Older, East Valley Health District, 1999

Race/ Ethnicity	Educational Status			
	Less than High School	High School Graduate	Some College or Trade School or Higher	Total
	Percent	Percent	Percent	Percent
White *	8.24	18.60	73.17	100.00
Latino	57.87	22.74	19.39	100.00

Note: Other racial/ ethnic groups are not included in this table because of their small numbers in the survey.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

**Table B-5. Racial/ Ethnic Distribution by Poverty Level (in Percent), Adults Aged 18 Years or Older,
East Valley Health District, 1999**

Race/ Ethnicity	Annual Household Income as a Percent of the Federal Poverty Level (FPL)			
	Less than 100% FPL	100% to <200% FPL	200% FPL or Above	Total
	Percent	Percent	Percent	Percent
White *	3.88	15.16	80.96	100.00
Latino	27.57	41.36	31.06	100.00

Note: Other racial/ ethnic groups are not included in this table because of their small numbers in the survey.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Appendix C:

Tables for
Glendale Health District

Table C-1. Racial/ Ethnic Distribution by Gender (in Percent), Adults Aged 18 Years or Older, Glendale Health District, 1999

Race/ Ethnicity	Gender		
	Male	Female	Total
	Percent	Percent	Percent
White	45.81	54.19	100.00
Latino *	67.29	32.71	100.00
All Other *	41.36	58.64	100.00
Total of Health District	48.65	51.35	100.00

Note: The number of residents in the Glendale Health District who were interviewed for this survey was 265 adults aged 18 years or over. This includes: 171 White, 52 Latino, 34 Asian or Pacific Islander, 6 African American, and 2 persons from Other Races.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table C-2. Racial/ Ethnic Distribution by Marital Status (in Percent), Adults Aged 18 Years or Older, Glendale Health District, 1999

Race/ Ethnicity	Marital Status			
	Married or Living Together	Never Married	Widowed, Divorced, or Separated	Total
	Percent	Percent	Percent	Percent
White *	46.28	33.33	20.39	100.00
Latino *	48.90	29.53	21.57	100.00

Note: Other racial/ ethnic groups are not included in this table because of their small numbers in the survey.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table C-3. Racial/ Ethnic Distribution by Age Group (in Percent), Adults Aged 18 Years or Older, Glendale Health District, 1999

Race/ Ethnicity	Age Group in Years			
	18 to 39 Years	40 to 59 Years	60 Years or Over	Total
	Percent	Percent	Percent	Percent
White	33.74	39.53	26.74	100.00
Latino *	58.82	29.44	11.74	100.00
All Other *	39.65	45.37	14.98	100.00
Total of Health District	39.62	39.06	21.32	100.00

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table C-4. Racial/ Ethnic Distribution by Educational Status (in Percent), Adults Aged 18 Years or Older, Glendale Health District, 1999

Race/ Ethnicity	Educational Status		
	Less than H.S. or High School Graduate	Some College or Trade School or Higher	Total
	Percent	Percent	Percent
White	19.98	80.02	100.00
Latino *	66.54	33.45	100.00
All Other *	38.07	61.93	100.00
Total of Health District	32.59	67.41	100.00

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

**Table C-5. Racial/ Ethnic Distribution by Poverty Level (in Percent), Adults Aged 18 Years or Older,
Glendale Health District, 1999**

Race/ Ethnicity	Annual Household Income as a Percent of the Federal Poverty Level (FPL)			
	Less than 100% FPL	100% to <200% FPL	200% FPL or Above	Total
	Percent	Percent	Percent	Percent
White *	3.86	12.10	84.05	100.00
Latino *	30.87	19.24	49.89	100.00

Note: Other racial/ ethnic groups are not included in this table because of their small numbers in the survey.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Appendix D:

Tables for

San Fernando Health District

Table D-1. Racial/ Ethnic Distribution of Residents by Gender (in Percent), Adults Aged 18 Years or Older, San Fernando Health District, 1999

Race/ Ethnicity	Gender		
	Male	Female	Total
	Percent	Percent	Percent
White	44.11	55.89	100.00
Latino	52.90	47.10	100.00
All Other *	49.24	50.76	100.00
Total of Health District	46.95	53.05	100.00

Note: The number of residents in the San Fernando Health District who were interviewed for this survey was 349 adults aged 18 years or over. This includes: 223 White, 100 Latino, 12 Asian or Pacific Islander, 8 African American, and 6 persons from Other Races.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table D-2. Racial/ Ethnic Distribution by Marital Status (in Percent), Adults Aged 18 Years or Older, San Fernando Health District, 1999

Race/ Ethnicity	Marital Status			
	Married or Living Together	Never Married	Widowed, Divorced, or Separated	Total
	Percent	Percent	Percent	Percent
White	57.90	24.14	17.97	100.00
Latino *	63.58	16.40	20.02	100.00

Note: Other racial/ ethnic groups are not included in this table because of their small numbers in the survey.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table D-3. Racial/ Ethnic Distribution by Age Group (in Percent), Adults Aged 18 Years or Older, San Fernando Health District, 1999

Race/ Ethnicity	Age Group in Years		
	18 to 39 Years	40 Years or Over	Total
	Percent	Percent	Percent
White	45.07	54.94	100.00
Latino	53.86	46.14	100.00
All Other *	55.16	44.84	100.00
Total of Health District	48.36	51.63	100.00

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table D-4. Racial/ Ethnic Distribution by Educational Status (in Percent), Adults Aged 18 Years or Older, San Fernando Health District, 1999

Race/ Ethnicity	Educational Status			
	Less than High School	High School Graduate	Some College or Trade School or Higher	Total
	Percent	Percent	Percent	Percent
White *	6.99	26.07	66.94	100.00
Latino *	33.21	24.04	42.74	100.00

Note: Other racial/ ethnic groups are not included in this table because of their small numbers in the survey.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table D-5. Racial/ Ethnic Distribution by Poverty Level (in Percent), Adults Aged 18 Years or Older, San Fernando Health District, 1999

Race/ Ethnicity	Annual Household Income as a Percent of the Federal Poverty Level (FPL)		
	Less than 200% FPL	200% FPL or Above	Total
	Percent	Percent	Percent
White *	10.00	90.00	100.00
Latino *	49.43	50.57	100.00

Note: Other racial/ ethnic groups are not included in this table because of their small numbers in the survey.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Appendix E:

Tables for
West Valley Health District

Table E-1. Racial/ Ethnic Distribution of Residents by Gender (in Percent), Adults Aged 18 Years or Older, West Valley Health District, 1999

Race/ Ethnicity	Gender		
	Male	Female	Total
	Percent	Percent	Percent
White	47.60	52.40	100.00
Latino	50.81	49.19	100.00
All Other	56.29	43.71	100.00
Total of Health District	49.90	50.10	100.00

Note: The number of residents in the West Valley Health District who were interviewed for this survey was 723 adults aged 18 years or over. This includes: 434 White, 198 Latino, 59 Asian or Pacific Islander, 27 African American, and 5 persons from Other Races.

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table E-2. Racial/ Ethnic Distribution by Marital Status (in Percent), Adults Aged 18 Years or Older, West Valley Health District, 1999

Race/ Ethnicity	Marital Status			
	Married or Living Together	Never Married	Widowed, Divorced, or Separated	Total
	Percent	Percent	Percent	Percent
White	51.86	31.46	16.69	100.00
Latino *	64.56	26.87	8.57	100.00
All Other *	57.74	23.17	19.09	100.00
Total of Health District	56.40	28.70	14.90	100.00

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table E-3. Racial/ Ethnic Distribution by Age Group (in Percent), Adults Aged 18 Years or Older, West Valley Health District, 1999

Race/ Ethnicity	Age Group in Years			
	18 to 39 Years	40 to 59 Years	60 Years or Over	Total
	Percent	Percent	Percent	Percent
White	39.83	33.03	27.13	100.00
Latino *	60.09	28.32	11.59	100.00
All Other *	42.62	46.32	11.07	100.00
Total of Health District	45.54	34.06	20.40	100.00

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Table E-4. Racial/ Ethnic Distribution by Educational Status (in Percent), Adults Aged 18 Years or Older, West Valley Health District, 1999

Race/ Ethnicity	Educational Status			
	Less than High School	High School Graduate	Some College or Trade School or Higher	Total
	Percent	Percent	Percent	Percent
White *	4.71	31.98	63.32	100.00
Latino	54.16	15.23	30.61	100.00
All Other *	18.20	16.51	65.29	100.00
Total of Health District	19.77	25.05	55.18	100.00

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

**Table E-5. Racial/ Ethnic Distribution by Poverty Level (in Percent), Adults Aged 18 Years or Older,
West Valley Health District, 1999**

Race/ Ethnicity	Annual Household Income as a Percent of the Federal Poverty Level (FPL)			
	Less than 100% FPL	100% to <200% FPL	200% FPL or Above	Total
	Percent	Percent	Percent	Percent
White *	4.88	13.30	81.82	100.00
Latino	32.09	34.56	33.35	100.00
All Other *	11.97	17.80	70.23	100.00
Total of Health District	13.11	19.56	67.33	100.00

* Use caution when interpreting the data; estimates are based on fewer than 30 respondents in a given measure or strata.

Appendix F:

Map for SPA 2

SAN FERNANDO SERVICE PLANNING AREA (SPA 2)

